

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M86966

1. Entity Name
GARDNER - HUFFMAN, INCORPORATED



Principal Place of Business
**C/O PAULA M. GARDNER
2300 NORTH ORANGE AVE
ORLANDO, FL 32804 US**

Mailing Address
**C/O PAULA M. GARDNER
2300 NORTH ORANGE AVE
ORLANDO, FL 32804 US**



04042006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2901703

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, PAULA M.
2300 NORTH ORANGE AVE
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARDNER, PAULA M.
STREET ADDRESS	2300 N. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	HUFFMAN, LEON
STREET ADDRESS	2300 NORTH ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	SD
NAME	HUFFMAN, JUNE E.
STREET ADDRESS	2300 N ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000498310
04/22/06-80086-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula M. Gardner Paula M Gardner

04/07/06

407-898-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #