## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 07, 2005 8:00 am Secretary of State **DOCUMENT # P00000084002** 04-07-2005 90027 049 \*\*\*158.75 GARDNER FOUNDRY & DESIGN, INC. Principal Place of Business Mailing!Address 50034452 -P.O. BOX 450219. 11500 NW 24 ST SUNRISE, FL-33323-0219 PLANTATION, FL 33323 11500 NW 24THS. PLANTATION, FL No Chg-P 03022005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1038449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GARDNER, DAVID STREET ADDRESS 11500 NW 24TH STREET PLANTATION, FL 33323 CITY-ST-ZIP TITLE GARDNER, KANYA NAME STREET ADDRESS 11500 NW 24TH STREET CITY-ST-ZIP PLANTATION, FL 33323 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

**FILED** 

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