

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90083 012 \*\*\*150.00

<b>DOCUMENT # P00000097555</b>					
<b>1. Entity Name</b> <b>GARDNER &amp; GARDNER, P.A.</b>					
<b>Principal Place of Business</b> <b>611 DRUID ROAD</b> <b>STE 510</b> <b>CLEARWATER, FL 33756</b>			<b>Mailing Address</b> <b>611 DRUID ROAD</b> <b>STE 510</b> <b>CLEARWATER, FL 33756</b>		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>59-3710298</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b>		<b>Country</b>		<b>6. Name and Address of Current Registered Agent</b>  <b>GARDNER, JOHN C</b> <b>611 DRUID ROAD</b> <b>STE 510</b> <b>CLEARWATER, FL 33756</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>Zip</b>		<b>Country</b>		<b>FL</b> <b>Zip Code</b>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>GARDNER, JOHN C</b> <b>3333 BELCHER ROAD</b> <b>DUNEDIN, FL 34698</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHN C. GARDNER</b> <b>12728 BUCKEYE DRIVE</b> <b>HUDSON, FL 34669</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>GARDNER, SUSAN L</b> <b>1869 EAST DRIVE</b> <b>CLEARWATER, FL 34655</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.</b>					
<b>SIGNATURE:</b> <u>Susan L. Gardner</u> <b>SUSAN L. GARDNER</b> <u>5/2/05</u> <u>727-4613378</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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