

FILED
Jan 30, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P01000054670 1. Entity Name DON GARNER, P.A.</div><div style="text-align: center;"></div></div>		<h1>Secretary of State</h1>																														
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 5010 GROUPE HOLE CT BOCA GRANDE, FL 33921</div><div>Mailing Address PO BOX 1594 BOCA GRANDE, FL 33921-1594</div></div>		 <div style="display: flex; justify-content: space-around;">01272004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 65-1100296</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required</div>																														
DO NOT WRITE IN THIS SPACE																																
6. Name and Address of Current Registered Agent GARNER, DONALD O 5010 GROUPE HOLE CT BOCA GRANDE, FL 33921		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-size: 8px;">TITLE</td><td style="width:10%; font-size: 8px;">NAME</td><td style="width:80%;">D GARNER, DONALD O</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">CITY - ST - ZIP</td><td>PO BOX 1594 BOCA GRANDE, FL 339211594</td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr></table>		TITLE	NAME	D GARNER, DONALD O	STREET ADDRESS	CITY - ST - ZIP	PO BOX 1594 BOCA GRANDE, FL 339211594	TITLE	NAME		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME		STREET ADDRESS	CITY - ST - ZIP		<div style="font-size: 12px;">1000000023230 02/02/04-80018-007 150.00</div> <div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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.																																
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="font-size: 24px; font-weight: bold;">1/27/04 944 964 2862</div> <div style="font-size: 8px; display: flex; justify-content: space-between;">DateDaytime Phone #</div>																														