2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 23, 2004 8:00 am **Secretary of State DOCUMENT # P03000028114** 1. Entity Name 07-23-2004 90003 025 ***150.00 GARDNER DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1205 DOSSEYWOOD LANE 1205 DOSSEYWOOD LANE LAKELAND, FL 33811 LAKELAND, FL 33811 54064576 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 CR2E034 (10/03) 4. FEI Number 01-0111592 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDNER, DAVID H Street Address (P.O. Box Number is Not Acceptable) 1205 DOSSEYWOOD LANE LAKELAND, FL 33811 Zip Code 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition GARDNER, DAVID H NAME NAME STREET ADDRESS 1205 DOSSEYWOOD LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP . . +.. -Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS for the first and a CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GWSDMEST AS ATO NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP - -CITY-ST-ZIP - -12. Thereby certify that the information supplied with this filling 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 all other like empowered.

FILED