2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400004937



FILED Feb 02, 2005 8:00 am Secretary of State

1. Entity Name GARDNER BUILDING & CONSTRUCTION, INC.				02-02-2005 90057 008 ***150.00
Principal Place	e of Business	Mailing Address		
6594 BUCKB North Port	OARD STREET T, FL 34286 US	P.O. BOX 381088 MURDOCK, FL 33938	US	
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
STURGES, ERNEST W JR. 18501 MURDOCK CIRCLE				ess (P.O. Box Number is Not Acceptable)
# 501 PORT CHARLOTTE, FL 33948				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	FL Zip Code
	named entity submits this statement fi	or the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and accep
	• •			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature requ	equired when reinstating) DATE
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P,S GARDNER, LORI A 6594 BUCKBOARD STREET NORTH PORT, FL 34286	☐ Delete	NAME STREET ADDRESS City-St-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T GARDNER, WILLIAM A 6594 BUCKBOARD STREET NORTH PORT, FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Additi
"STREET ADDRESS: CITY-ST-ZIP			- STREET ADDRESS - CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addili
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE: NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
indicated of the co	on this report or supplemental report	is true and accurate and that powered to execute this epor	my signature shall have t t as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11