

150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000021044

1. Entity Name

GARDNER LAW GROUP, P.A.



Principal Place of Business

101 S FRANKLIN STREET SUITE 101
TAMPA, FL 33602

Mailing Address

101 S FRANKLIN STREET SUITE 101
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2305137

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANO, JOHN N
220 S FARNKIN STREET
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

220 S. FRANKLIN STREET

City

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARDNER, J. STEPHEN | |
| STREET ADDRESS | 101 S FRANKLIN STREET SUITE 101 | |
| CITY- ST- ZIP | TAMPA, FL 33602 | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARDNER, T. TRUETT | |
| STREET ADDRESS | 101 S FRANKLIN STREET SUITE 101 | |
| CITY- ST- ZIP | TAMPA, FL 33602 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------|---|
| TITLE | P, T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|-------|---|
| TITLE | VP, S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | ASSISTANT S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GWENDLYN M. LISBOA | |
| STREET ADDRESS | 101 S. FRANKLIN ST. SUITE 101 | |
| CITY- ST- ZIP | TAMPA, FL 33602 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | ASSISTANT S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CATHY P. HUME | |
| STREET ADDRESS | 101 S. FRANKLIN ST. SUITE 101 | |
| CITY- ST- ZIP | TAMPA, FL 33602 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAY 15 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/24/06