

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90080 041 ***150.00

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**

DO NOT WRITE IN THIS SPACE



03262007 No 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

~~GIORDANO, JOHN N~~ **J. STEPHEN GARDNER**
~~220 S FRANKLIN STREET~~ **101 S FRANKLIN STREET, STE 101**
TAMPA, FL 33602

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME GARDNER, J. STEPHEN
STREET ADDRESS 101 S FRANKLIN STREET SUITE 101
CITY-ST-ZIP TAMPA, FL 33602

TITLE VS
NAME GARDNER, T. TRUETT
STREET ADDRESS 101 S FRANKLIN STREET SUITE 101
CITY-ST-ZIP TAMPA, FL 33602

TITLE AS
NAME LISBOA, GWENDLYN M
STREET ADDRESS 101 S FRANKLIN STREET SUITE 101
CITY-ST-ZIP TAMPA, FL 33602

TITLE AS
NAME HUME, CATHY P
STREET ADDRESS 101 S FRANKLIN STREET SUITE 101
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

4/4/07

813.676.8000