

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90040 042 ***150.00

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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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**GARDNER, STEPHEN J
101 S FRANKLIN ST 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, 2008 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	

**DO NOT WRITE
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 #