

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90004 036 ***550.00

DOCUMENT # P05000056044

1. Entity Name
GARDNER WILLINGHAM, INC.



Principal Place of Business
**6251 PHILLIPS HWY SUITE 3
JACKSONVILLE, FL 32216**

Mailing Address
**6251 PHILLIPS HWY SUITE 3
JACKSONVILLE, FL 32216**

40055500



2. Principal Place of Business

3. Mailing Address

79 SARATOGA C.R.S. → SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State

City & State

Atlantic Beach FL → SAME

4. FEI Number

Applied For

Zip
32233

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ONEILL, KAREN B
1009 21ST STREET N
JACKSONVILLE BEACH, FL 32224**

NO change

Name

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLINGHAM, CHARLOTTE
4567 ROCKY RIVER RD W
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Willingham, Charlotte
12323 Gately Oak Lane West
JACKSONVILLE FL 32225** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

7-11-06 (904) 242-8550