


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90014 018 ***150.00

DOCUMENT # P94000008238 1. Entity Name GARDNER MANAGEMENT, INC.					
Principal Place of Business 117 ALDER AVE SE OFFICE FT WALTON BEACH, FL 32548 US			Mailing Address 117 ALDER AVE SE OFFICE FT WALTON BEACH, FL 32548 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 107 ALDER AVE SE OFFICE FORT WALTON BEACH, FL 32548 Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3219940			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARDNER, MARK A 646 PORPOISE AVE FT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CS GARDNER, MARK A 646 PORPOISE AVE FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERESA D GARDNER 646 PORPOISE AVE FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK J GARDNER 200 MIRACLE STRIP SW-204 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK J. GARDNER 34 COUNTRY CLUB RD. SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNIE GARDNER 200 MIRACLE STRIP SW-204 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 COUNTRY CLUB RD. SHALIMAR, FL 32579 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack J. Gardner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/11/05 <small>Date</small>		850-244-4848 <small>Daytime Phone #</small>