

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90113 009 ***150.00

DOCUMENT # P97000054278

1. Entity Name
WITTNER NATIONAL GROUP, INC.



Principal Place of Business
5999 CENTRAL AVE., 4TH FLOOR
ST. PETERBURG, FL 33710

Mailing Address
5999 CENTRAL AVE., 4TH FLOOR
ST. PETERBURG, FL 33710



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3455858

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILT, ROSS
5999 CENTRAL AVE 4TH FLOOR
SAINT PETERSBURG, FL 33710

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WITTNER, TED P
STREET ADDRESS	5999 CENTRAL AVE #400
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	PS
NAME	WITTNER, JEAN G
STREET ADDRESS	5999 CENTRAL AVE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	V
NAME	WILT, ROSS
STREET ADDRESS	5999 CENTRAL AVE STE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	CHIEF OPERATING OFFICER
NAME	JON LONG
STREET ADDRESS	5999 CENTRAL AVE, STE 400
CITY-ST-ZIP	St. Petersburg, FL 33710
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 727-381-3000