

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		02072006 No Chg-P CR2E034 (11/05)
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 state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WITTNER, TED P 5999 CENTRAL AVE #400 ST PETERSBURG, FL 33710	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WITTNER, JEAN G 5999 CENTRAL AVE 400 SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILT, ROSS 5999 CENTRAL AVE STE 400 SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LONG, JONI 5999 CENTRAL AVE, STE 400 SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Ross Wilt</u> <u>Ross Wilt</u>		Date <u>3/27/06</u> Daytime Phone # <u>727-384-3000</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #