

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 001 ***150.00

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1. Entity Name

GARDNER, BLACKLEY AND MAGA, INC.



Principal Place of Business

2818 CORTEZ ROAD
JACKSONVILLE FL 32246-3718

Mailing Address

2818 CORTEZ ROAD
JACKSONVILLE FL 32246-3718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

WOLF, WAYNE A
3733 UNIVERSITY BOULEVARD WEST
SUITE 203
JACKSONVILLE FL 32217

8. The above named entity submits this statement for the purpose of changing its registered agent or 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

WILLIAM R GARDNER JR PRESIDENT

4-19-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GARDNER, WILLIAM R JR.
STREET ADDRESS 2818 CORTEZ ROAD
CITY-ST-ZIP JACKSONVILLE FL 32246-5356

TITLE D ☐ Delete
NAME BLACKLEY, MARGARET B
STREET ADDRESS 122 MELROSE AVENUE
CITY-ST-ZIP DECATOR GA 30030

TITLE D ☐ Delete
NAME MAGA, PAMELA A
STREET ADDRESS 60 PARK LANE
CITY-ST-ZIP GOLF IL 60029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 #

WILLIAM R GARDNER JR 1-24-06