2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000092734

GARDNER, BLACKLEY AND MAGA, INC.



FILED Apr 30, 2007 08:00 AM **Secretary of State**

Principal Place of Business

2818 CORTEZ ROAD

JACKSONVILLE, FL 32246-3718

Mailing Address

2818 CORTEZ ROAD

JACKSONVILLE, FL 32246-3718

DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3541744 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

122 MELROSE AVENUE

DECATOR, GA 30030

MAGA, PAMELA A

60 PARK LANE

GOLF, IL 60029

DO NOT WRITE IN THIS SPACE

| 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 Age | | | | ignetire | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
| TITLE | D | | | | | |
| NAME | GARDNER, WILLIAM R JR. | | | | | |
| STREET ADDRESS | 2818 CORTEZ ROAD | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 322465356 | | | | | U00000746421 |
| TITLE | D | | | | | 05/16/07-80067-018 150.00 |
| NAME | BLACKLEY, MARGARET B | | 1 | | | |

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP 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 cett; 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.

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CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-7IP

WILLIAM R. GARDINENTA 49-07 904