

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # S07740**

1. Entity Name  
**GARNER & WITHERS, INC.**



Principal Place of Business  
**11709 HWY 231  
YOUNGSTOWN, FL 32466**

Mailing Address  
**11709 HWY 231  
YOUNGSTOWN, FL 32466**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3063543</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**WITHERS, PAUL E.  
11709 HWY 231  
YOUNGSTOWN, FL 32466**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

U00000403451  
02/06/06-80007-017 150.00

TITLE	P
NAME	WITHERS, PAUL E.
STREET ADDRESS	15034 LITTLE ISLAND POND RD
CITY-ST-ZIP	PANAMA CITY, FL 32409

TITLE	S
NAME	WITHERS, WANDA
STREET ADDRESS	15034 LITTLE ISLAND POND RD
CITY-ST-ZIP	PANAMA CITY, FL 32409

TITLE	D
NAME	COX, PAULA
STREET ADDRESS	3817 JENKINS RD
CITY-ST-ZIP	YOUNGSTOWN, FL 32466

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Wanda W Withers - Wanda Withers 1-23-06 858 773-3577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #