

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007663

Entity Name: GARY F. GARDNER, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

624 GRAVELLY HOLLOW ROAD
MEDFORD, NJ 08055

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 599
MEDFORD, NJ 08055

New Mailing Address:

FEI Number: 22-2188914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL LICENSURE SERVICES, INC.
2104 DELTA WAY, SUITE 1
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARDNER, GARY F
Address: 433 CHAIRVILLE ROAD
City-St-Zip: SOUTHAMPTON, NJ 08088

Title: S () Delete
Name: GARDNER, JOANNE
Address: 433 CHAIRVILLE ROAD
City-St-Zip: SOUTHAMPTON, NJ 08088

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARDNER, JOANNE
Address: 2201 SHEEPSHEAD DR.
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE GARDNER

SEC

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date