

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34096

Entity Name: GARDELLA, INC.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

2221 CORPORATION BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

2727 66TH ST SW  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 59-2494373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDELLA, FRAZIER  
2221 CORPORATION BLVD.  
NAPLES, FL 34109 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: PD ( ) Delete  
Name: GARDELLA, FRAZIER  
Address: 2221 CORPORATION BLVD  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: GARDELLA, CHARLES  
Address: 2221 CORPORATION BLVD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CHARLES GARDELLA

VD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date