


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90033 014 \*\*\*150.00

<b>DOCUMENT # P05000000166</b>	
1. Entity Name <b>GARDNER ROBERTS ADWERKS INC</b>	

Principal Place of Business <b>1220 SEMINOLE DR INDIAN HARBOUR BEACH, FL 32937 US</b>	Mailing Address <b>1220 SEMINOLE DR INDIAN HARBOUR BEACH, FL 32937 US</b>
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2. Principal Place of Business - No P.O. Box # <b>134 WOODSIDE TR</b>	3. Mailing Address <b>134 WOODSIDE TR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CHAPEL HILL NC</b>	City & State <b>CHAPEL HILL NC</b>
Zip <b>27517</b>	Zip <b>27517</b>
Country <b>US</b>	Country <b>US</b>



03082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>GEMMELL, MICHAEL S 2077 SEAWIND COURT INDIALANTIC, FL 32903</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

4. FEI Number <b>20-2089033</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARDNER, ROBERT T JR 1220 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>134 WOODSIDE TRAIL CHAPEL HILL, NC 27517</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GARDNER, ANN 1220 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>134 WOODSIDE TRAIL CHAPEL HILL, NC 27517</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **04/13/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #