

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000781

FILED  
Feb 07, 2010  
Secretary of State

**Entity Name:** GARDNER INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

9382 ARBOR GLEN LN  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9382 ARBOR GLEN LN  
JACKSONVILLE, FL 32208

**New Mailing Address:**

P.O. BOX 62146  
JACKSONVILLE, FL 32208

**FEI Number:** 26-3991850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDNER, KATE M  
9382 ARBOR GLEN LN  
JACKSONVILLE, FL 32208 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  
Name: GARDNER, KATE M  
Address: 9382 ARBOR GLEN LN  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

**SIGNATURE:** KATE GARDNER

PRES

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date