

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 324450					
1. Entity Name GARLAND & GARLAND, INC.					
Principal Place of Business 3490 ENTERPRISE AVE NAPLES FL 33942			Mailing Address 3490 ENTERPRISE AVE NAPLES FL 33942		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1201102	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARLAND, A R 3240 70TH ST SW NAPLES FL 34105				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GARLAND JR, ALEX 3300 17TH ST SW NAPLES FL 34117 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GARLAND, A R 2630 70TH ST SW NAPLES, FL 00000 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GARLAND, LM 3220 70 ST SW NAPLES FL ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PETERSON, RAYMOND W. 2846 WEEKS AVE. NAPLES FL ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1201102**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARLAND, A R
3240 70TH ST SW
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

S
GARLAND JR, ALEX
3300 17TH ST SW
NAPLES FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
GARLAND, A R
2630 70TH ST SW
NAPLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
GARLAND, LM
3220 70 ST SW
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

T
PETERSON, RAYMOND W.
2846 WEEKS AVE.
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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04/14/05-80030-013 150.00

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

A. R. Garland

A. R. Garland

04/12/05

239-643-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone