

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90027 010 ***150.00

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**

40051591



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**GARLAND, A R
3240 70TH ST SW
NAPLES, FL 34106**

Name

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

3637 PERRIWINKLE WAY

City

NAPLES

FL

Zip Code

34114

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, 2007 Fee will be \$550.00**

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 ☐ Delete
NAME **S**
STREET ADDRESS **GARLAND JR, ALEX**
CITY - ST - ZIP **0000 17TH ST SW
NAPLES, FL 34117**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GARLAND, A R**
CITY - ST - ZIP **2600 70TH ST SW
NAPLES, FL 34106**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GARLAND, LM**
CITY - ST - ZIP **3220 70 ST SW
NAPLES, FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PETERSON, RAYMOND W.**
CITY - ST - ZIP **2846 WEEKS AVE.
NAPLES, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **910 11TH STREET, S.W.**
CITY - ST - ZIP **NAPLES, FL 34117**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3637 PERRIWINKLE WAY**
CITY - ST - ZIP **NAPLES, FL 34114**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3637 PERRIWINKLE WAY**
CITY - ST - ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

A.R. Garland

A.R. GARLAND

4-3-07

239-643-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #