


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3 **FILED**
Apr 18, 2005 8:00 am
Secretary of State

03-21-2005 90088 050 ***150.00

DOCUMENT # **644293**
1. Entity Name
GARNER CAMP, INC



DO NOT WRITE IN THIS SPACE

66010472

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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	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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7. Name and Address of Current 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P. FREDDIE G. GARNER 14744 Lee Rd GROVELAND, FLA. 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T. MICHAEL GARNER 16348 TUSCANOOGA R. GROVELAND, FLA. 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DANNY GARNER. 14448 Lee Rd GROVELAND, FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. JANNITA SUMMERS 870 SW. 103 RD ST. TRENTON, FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARGARET HOOTEN Box 583, 1105 SE. 2 ND AVE. Stienhatche, FLA. 32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RICKY GARNER 1205 PENN ST. Leesburg, FLA. 34748

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Freddie G. Garner Date: March 16 -05 352-429-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)