


**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000030854</b> 1. Entity Name <b>GARVINGTON RESEARCH &amp; DEVELOPMENT, INC.</b>	
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Principal Place of Business <b>1311 MISSOURI AVE SO          CLEARWATER, FL 33756</b>	Mailing Address <b>1311 MISSOURI AVE SO          CLEARWATER, FL 33756</b>
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3634010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EPPLE, JURGEN  
 1311 MISSOURI AVE SOUTH  
 CLEARWATER, FL 33756**

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 IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

000000947509  
 06/02/08-80017-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	EPPLE, JURGEN
STREET ADDRESS	1311 MISSOURI AVE SO
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR