

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158494

Entity Name: GARRETT LANDSCAPE'S INC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1179 LINWOOD LOOP
JACKSONVILLE, FL 32259

New Principal Place of Business:

8435 FLORENCE COVE RD.
ST. AUGUSTINE, FL 32092

Current Mailing Address:

1179 LINWOOD LOOP
JACKSONVILLE, FL 32259

New Mailing Address:

8435 FLORENCE COVE RD.
ST. AUGUSTINE, FL 32092

FEI Number: 20-1915148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, BRIAN E
1179 LINWOOD LOOP
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

GARRETT, BRIAN E
8435 FLORENCE COVE RD.
ST. AUGUSTINE, FL 32092 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GARRETT, BRIAN E
Address: 1179 LINWOOD LOOP
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARRETT, BRIAN E
Address: 8435 FLORENCE COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN E. GARRETT

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date