

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045256

Entity Name: GARR AND HICKS INC

FILED
Jul 10, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1711
KEY LARGO, FL 33037

New Principal Place of Business:

117 ARBOR LN
TAVERNIER, FL 33070

Current Mailing Address:

PO BOX 1711
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-2565302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, JUSTIN
561 SW 6TH STREET
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HICKS, JUSTIN
Address: 561 SW 6TH STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: DVPS () Delete
Name: GARR, RUTH
Address: 28501 SW 152NC AVENUE #210
City-St-Zip: LEISURE CITY, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUSTIN HICKS

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

Date