## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000045256

Entity Name: GARR AND HICKS INC

Address:

City-St-Zip:

LEISURE CITY, FL 33033

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 117 ARBOR LN TAVERNIER, FL 33070 **Current Mailing Address: New Mailing Address:** PO BOX 1711 KEY LARGO, FL 33037 FEI Number: 20-2565302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, JUSTIN 561 SW 6TH STREET FLORIDA CITY, FL 33034 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPT ( ) Delete () Change () Addition HICKS, JUSTIN Name: Name: 561 SW 6TH STREET Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 City-St-Zip: Title: **DVPS** Title: () Change () Addition () Delete Name: GARR, RUTH Name: 28501 SW 152NC AVENUE #210 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 **DPT** 05/01/2008