


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # 324450</b><br>1. Entity Name<br><b>GARLAND &amp; GARLAND, INC.</b>  |   |         |   |   |  |
| Principal Place of Business<br><b>3490 ENTERPRISE AVE<br/>NAPLES FL 33942</b>   |   |         | Mailing Address<br><b>3490 ENTERPRISE AVE<br/>NAPLES FL 33942</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 4. FEI Number<br><b>59-1201102</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARLAND, A R<br/>3240 70TH ST SW<br/>NAPLES FL 34105</b>  |   |         |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |         |   |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fees</b>  |   |         |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>GARLAND JR, ALEX<br>3300 17TH ST SW<br>NAPLES FL 34117 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | 1100000405062<br>02/07/06-80058-004 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GARLAND, A R<br>2630 70TH ST SW<br>NAPLES, FL 00000    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>GARLAND, LM<br>3220 70 ST SW<br>NAPLES FL              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>PETERSON, RAYMOND W.<br>2846 WEEKS AVE.<br>NAPLES FL   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-1201102 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New 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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State  
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fees

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information empowered.

SIGNATURE Alex Garland DATE 1/24/06 DAYTIME PHONE # 238-643-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR