

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90012 025 \*\*\*150.00

**DOCUMENT # 652693**

1. Entity Name  
**GARANT ENGINEERING, INC.**



Principal Place of Business  
**110 PORTO SALVO DRIVE  
ISLAMORADA, FL 33036**

Mailing Address  
**P.O. BOX 668  
ISLAMORADA, FL 33036**

**34040070**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-1972358**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARANT, ROBERT R  
138 REDWING RD.  
ISLAMORADA, FL 33036**

Name

Street Address (P.O. Box Number is Not Acceptable)

**101 GULF VIEW DRIVE**

**UNIT 208**

City

**ISLAMORADA**

FL

Zip Code

**33036**

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

Signature typed or printed name of registered agent and date if applicable.

**ROBERT GARANT**

**4/3/04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **GARANT, ROBERT R**  
STREET ADDRESS **138 REDWING RD.**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **PD** ☐ Delete  
NAME **GARANT, ROBERT R**  
STREET ADDRESS **138 REDWING RD.**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **101 GULF VIEW DRIVE, #208**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **101 GULF VIEW DR, #208**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT GARANT, 4/3/04 305-664-5404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #