

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 831221

1. Entity Name

GARRATT-CALLAHAN COMPANY



Principal Place of Business
**50 INGOLD RD
BURLINGAME CA 94010**

Mailing Address
**50 INGOLD RD
BURLINGAME CA 94010**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **94-0497430**

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

**WEST, DONALD
14706 BENSBROOK DR
SPRING HILL FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARRATT, JEFFREY	
STREET ADDRESS	111 ROLLINS RD	
CITY-ST-ZIP	MILLBRAE CA	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	GARRATT, LORE LEI	
STREET ADDRESS	13721 WELCH ROAD	
CITY-ST-ZIP	DALLAS TX	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELNICK, D.H.	
STREET ADDRESS	333 MARKET STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRATT, M.W. III	
STREET ADDRESS	111 ROLLINS ROAD	
CITY-ST-ZIP	MILLBRAE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRATT, MATTHEW	
STREET ADDRESS	4545 COMMERCE CR SW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLVIN, MATTHEW	
STREET ADDRESS	11 ROLLINS ROAD	
CITY-ST-ZIP	MILLBRAE CA 94030	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000623103
CITY-ST-ZIP	02/13/07-80052-017 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFD

Date

1/31/07

Daytime Phone #

650-697-5811