

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90041 009 \*\*\*150.00

**DOCUMENT # 837881**

1. Entity Name  
**GARMAC COMPANY, INC.**



Principal Place of Business  
**4 PONDVIEW WEST  
PURCHASE, NY 10577 US**

Mailing Address  
**108 CORPORATE PARK DRIVE  
STE 105 T. RANZAL C.P.A  
WHITE PLAINS, NY 10604**

40000000



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

3. Mailing Address  
**800 Westchester Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **Theodore  
Ste. N641 - Ranzal CPA's**

01142008

Chg-P

CR2E034 (12/06)

City & State

City & State  
**Rye Brook, New York**

4. FEI Number

**05-0303590**

Applied For

Not Applicable

Zip

Country

Zip  
**10573**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIRKSCHENBAUM, JACK  
1800 WEST HIBISCUS BLVD SUITE 138  
MELBOURNE, FL 32902**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANT, JR G	
STREET ADDRESS	7 SUNNYSIDE LANE	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, LAURA G	
STREET ADDRESS	11 TALL TIMBER RD	
CITY-ST-ZIP	MT KISCO, NY	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GRANT, GARDER L	
STREET ADDRESS	4 PONDVIEW W	
CITY-ST-ZIP	PURCHASE, NY	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRANT, ELLEN P	
STREET ADDRESS	4 PONDVIEW WEST	
CITY-ST-ZIP	PURCHASE, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 Chapter 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:

*Gardner L Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08

Date

Daytime Phone #