


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 006 ***550.00

DOCUMENT # F06000006566		
1. Entity Name GARRIS ENTERPRISES, INC.		

40126143



Principal Place of Business 2533 N. CARSON STREET CARSON CITY, NV 89706	Mailing Address 2533 N. CARSON STREET CARSON CITY, NV 89706
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2. Principal Place of Business - No P.O. Box # 850 Martin Downs Blvd	3. Mailing Address PO Box 359
Suite, Apt. #, etc.	Suite, Apt. # etc

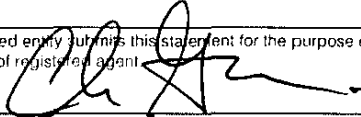
06012007 Chg-P CR2E034 (12/06)

City & State Palm City, Florida	City & State Stuart, Florida
Zip 34990	Zip 34995
Country USA	Country USA

4. FEI Number 33-0606781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

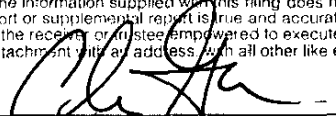
6. Name and Address of Current Registered Agent SMITH, JOHN W 2201 NW CORPORATE BLVD. #200 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Christopher Garris Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd City Palm City FL Zip Code 34990	
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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 	DATE 7/13/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRIS, STANLEY R 2533 N. CARSON STREET CARSON CITY, NV 89706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRIS, CHRISTOPHER 2533 N. CARSON STREET CARSON CITY, NV 89706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCH, JAMES M 2533 N. CARSON STREET CARSON CITY, NV 89706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 7/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
772-287-1844	