

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000006566

1. Entity Name  
GARRIS ENTERPRISES, INC.



Principal Place of Business  
850 MARTIN DOWNS BLVD  
PALM CITY, FL 34990

Mailing Address  
P.O. BOX 359  
STUART, FL 34995



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0606781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARRIS, CHRISTOPHER  
850 MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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, 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	P
NAME	GARRIS, STANLEY R
STREET ADDRESS	2533 N. CARSON STREET
CITY-ST-ZIP	CARSON CITY, NV 89706
TITLE	S
NAME	GARRIS, CHRISTOPHER
STREET ADDRESS	2533 N. CARSON STREET
CITY-ST-ZIP	CARSON CITY, NV 89706
TITLE	T
NAME	WELCH, JAMES M
STREET ADDRESS	2533 N. CARSON STREET
CITY-ST-ZIP	CARSON CITY, NV 89706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000824932  
02/20/08-80098-003 788.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Garris 1/30/2008

Date

Daytime Phone #

772-287-1844