2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an

Mar 22, 2004 8:00 am DOCUMENT # F94000003653 Secretary of State 1. Entity Name 03-22-2004 90037 014 ***150.00 GARRETT DESIGN, INC. Principal Place of Business Mailing Address 2081-EMBAROABERO WAY 2001 EMBAROADERO WAY NORTITTORI MEYERS FE 95917 3937 GLEN OAKS MANOR DR. Suite, Apt. #, etc. 2. Principal Place of Business 3937 GLEN OAKS MANOR DR MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 39-1352708 SARASOTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ZIEHLSDORF ZIEHLSDORF, MANERED A 2081 EMBARCADERO WAY NORTH-FORT MEYERS-FL 33917 Zip Code 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Change TITLE TITLE ZIEHLSDORF, MANFRED A. 3937 GLEN OAKS MANOR DR. SARASOTA, FL. 34232 ZIEHI SDORE-MANERED A NAME NAME 2081 EMBARCADERO WAY STREET ADDRESS STREET ADDRESS NORTH FORT MEYERS FE 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

FILED

3-18-04 941-365-1003