

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32781

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** THE LAW OFFICE OF THOMAS W. GARRARD, P.A.

**Current Principal Place of Business:**

520 E OLYMPIA AVE  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 E OLYMPIA AVE  
324 CROSS STREET, SUITE A  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 59-2278482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRARD, THOMAS W  
520 EAST OLYMPIA AVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** GARRARD, THOMAS W.,  
**Address:** 520 EAST OLYMPIA AVE  
**City-St-Zip:** PUNTA GORDA, FL

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PS (X) Change ( ) Addition  
**Name:** GARRARD, THOMAS W.,  
**Address:** 520 EAST OLYMPIA AVE  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** T ( ) Change (X) Addition  
**Name:** WEEKLEY, LISA G  
**Address:** 12719 EASHA BLVD.  
**City-St-Zip:** PUNTA GORDA, FL 33855 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THOMAS W. GARRARD

P/S

01/06/2009

Electronic Signature of Signing Officer or Director

Date