

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90020 030 ***150.00

DOCUMENT # G42684

1. Entity Name

NOAH GARRETT & SONS, INC.



Principal Place of Business

1615 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

Mailing Address

1615 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE



03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2302689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, N. BENJAMIN
1615 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GARRETT, SARA W.
STREET ADDRESS	501 E. 4TH ST.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	PD
NAME	GARRETT, N. BENJAMIN
STREET ADDRESS	1615 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	SD
NAME	GARRETT, CATHERINE
STREET ADDRESS	1615 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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

Date

Daytime Phone #