

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

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**



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2302689	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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 07/05/05-80016-024 150.00

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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 another like empowered.

SIGNATURE: *N. Benjamin Garrett* **N. BENJAMIN GARRETT** 6-29-05 850-265-5576
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #