


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # G42684 1. Entity Name NOAH GARRETT & SONS, INC.	
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Principal Place of Business 1615 COUNTRY CLUB DR. LYNN HAVEN, FL 32444	Mailing Address 1615 COUNTRY CLUB DR. LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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) DATE 07/13/07-80012-010 1SD.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Noah B. Garrett NOAH B. GARRETT 7-12-07 850-265-5876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #