

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42684

FILED
Jul 10, 2009
Secretary of State

Entity Name: NOAH GARRETT & SONS, INC.

Current Principal Place of Business:

1615 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1615 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-2302689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GARRETT, SARA W.
Address: 501 E. 4TH ST.
City-St-Zip: LYNN HAVEN, FL

Title: PD () Delete
Name: GARRETT, N. BENJAMIN
Address: 1615 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL

Title: SD () Delete
Name: GARRETT, CATHERINE
Address: 1615 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALLACE C. FRENCH

CPA

07/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date