

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42684

FILED  
Apr 25, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: N. BENJAMIN GARRETT

PD

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date