


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # H08695	
1. Entity Name DANIEL W. GAREY, INC.	

Principal Place of Business 5611 DIANTHUS ST GREEN COVE SPRINGS, FL 32043	Mailing Address 5611 DIANTHUS ST GREEN COVE SPRINGS, FL 32043
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2423287	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAREY, DANIEL W. 5611 DIANTHUS ST GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE
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, 2006 Fee will be \$550.00**

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

UN0000400396
02/02/06-80002-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GAREY, DANIEL W.
STREET ADDRESS	5611 DIANTHUS ST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL
TITLE	D
NAME	GAREY, MARGARET A.
STREET ADDRESS	5611 DIANTHUS ST
CITY-ST-ZIP	GREEN COVE SPRINGS, 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:  **Daniel W Garey/Pres 1-23-06** **904 281-3464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #