2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H56956

FILED Apr 23, 2005 08:00 AM Secretary of State

GARRETT AND STRINGER, INC.							
Principal Place of Business 123 PARK SHORES CIR # 28E VERO BEACH, FL 32963 US	Mailing Address PO BOX 8327 VERO BEACH, FL 32963	US			{		
DO NOT WRITE I		CE	04092005 4. FEI Numb 59-254	No Chg-P		oplied For ot Applicable ditional	
6. Name and Address of Current Reg	stered Agent		-			, 4 s 62 , 10m2 - 2 2	
BRIERLEY, BROOKS T. 123 PARK SHORES CIRCLE #28E VERO BEACH, FL 32963			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and the statement of the statemen			egistered agent, or bo	th, in the State of Flo	orida. I am famillar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May 8e Added to Fees				
10. OFFICERS AND DIR	ECTORS	1	· · · · · · · · · · · · · · · · · · ·			,, o coage,	
ITILE PSD NAME BRIERLEY, BROOKS T. STREET ADDRESS CITY ST- ZIP VERO BEACH, FL				n na mara		,	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	•			04/23/05	0325202 -80006-019 1	50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE	<u> </u>	
TITLE		<u> </u>	IN .	THIS SF	PACE		

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 all other like empowered.

SIGNATURE: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

BROOKS T. RRIFRITY, PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

305-447-1019