


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H85158 1. Entity Name GARRATT OF FORT MYERS INC.	
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Principal Place of Business % ALBERT M. GARRETT 16400 S. TAMiami TRAIL, UNIT 4 FT MYERS, FL 33908-4311	Mailing Address % ALBERT M. GARRETT 16400 S. TAMiami TRAIL, UNIT 4 FT MYERS, FL 33908-4311
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04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2604403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRATT, ALBERT M.
16400 S. TAMiami TRAIL
UNIT 4
FT MYERS, FL**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARRATT, ALBERT M. 1709 SW 15TH AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GARRATT, BARBARA A. 1709 SW 15TH AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRATT, DAVID M. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRATT, ROBERT F. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/28/04-80004-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **DAVID GARRATT** 4-26-04 239-940-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #