


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90273 031 ***150.00

DOCUMENT # H85158		
1. Entity Name GARRATT OF FORT MYERS INC.		

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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DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2604403	Applied For 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 Albert M. Garratt Albert Garratt 4/19/05
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, 2005 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	

**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: Albert M. Garratt Albert Garratt 4/19/05 239-948-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #