

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

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**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2604403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRATT, ALBERT M.
STREET ADDRESS	1709 SW 15TH AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	STD
NAME	GARRATT, BARBARA A.
STREET ADDRESS	1709 SW 15TH AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	GARRATT, DAVID M.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	GARRATT, ROBERT F.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80062-025 150.00

**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: Albert M. Garratt **ALBERT GARRATT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06

Date

239-948-3571

Daytime Phone #