

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 045 \*\*\*150.00

**DOCUMENT # J76640**

1. Entity Name  
**GARRISON ELECTRICAL CONSULTANTS, INC.**



Principal Place of Business Mailing Address  
4826 S US 1 4826 S US 1  
FT. PIERCE, FL 34982 US FT. PIERCE, FL 34982 US

**50051792**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2805147 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARRISON, VICTOR E  
6106 SUNSET BLVD  
FT. PIERCE, FL 34982

**7. Name and Address of New Registered Agent**

Name **VIKKI GARRISON**  
Street Address (P.O. Box Number is Not Acceptable)  
**6106 SUNSET BLVD**  
City **FT. PIERCE** FL Zip Code **34982**

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 *Vikki Garrison* 5/3/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARRISON, VICTOR E 6106 SUNSET BLVD FT. PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GARRISON, VIKKI D 6106 SUNSET BLVD FT. PIERCE, FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, ZACH 5410 SEAGRAPE DRIVE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, VICTOR E II 6106 SUNSET BLVD FORT PIERCE, FL 31982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VIKKI GARRISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6106 SUNSET BLVD FT. PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERIC SVOBODA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 174 SW GRIMALDO TERRACE PORT ST LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY WILDSCHUETZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1739 KELSO AVE LAKEWORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vikki Garrison* VIKKI GARRISON PRES 5/3/05 772-468-5981  
Signature and typed or printed name of signing officer or director Date Daytime Phone #