

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # K11555

1. Entity Name
GARRETT REALTY SERVICES, INC.



Principal Place of Business Mailing Address
3723 EAST C30-A 3723 EAST C30-A
SEAGROVE BCH., FL 32459 US SEAGROVE BEACH, FL 32459 US

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2875043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARRETT, MARIE
3723 W C30A
SEAGROVE PLAZA
SEAGROVE BEACH, FL 32459

**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 file if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000108410

04/12/04-80002-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARRETT, MARIE
STREET ADDRESS	3723 EAST C30-A
CITY-STATE-ZIP	SEAGROVE BCH., FL
TITLE	DST
NAME	ARTHUR, JULIA C.
STREET ADDRESS	3723 EAST C30-A
CITY-STATE-ZIP	SEAGROVE BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 850-231-330
Date Daytime Phone #