

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K72062
 1. Entity Name
 THE GARRY GROUP, INC.



FILED
Aug 21, 2008 08:00 AM
Secretary of State

Principal Place of Business
 1899 PORTER LAKE DR
 #104
 SARASOTA, FL 34240 US

Mailing Address
 1899 PORTER LAKE DR
 #104
 SARASOTA, FL 34240 US



08182008 No Chg-P CR2E034 (11/05)

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4. FEI Number
 65-0141013

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JAMES G
 385 NORTH POINT ROAD #501
 OSPREY, FL 34229

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURPHY, JAMES G. 385 NORTH POINT ROAD #501 OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MURPHY, TERENCE J. 1721 FIESTA DRIVE SARASOTA, FL 34231
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 08/21/08-80002-017 150.00

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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: *James G. Murphy* **8-19-08** **941 379 8175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #