

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L75355

1. Entity Name

GARL ENTERPRISES, INC.



Principal Place of Business

%RONALD M GARL
704 S MISSOURI AVE
LAKELAND, FL 33815-4738 US

Mailing Address

%RONALD M GARL
704 S MISSOURI AVE
LAKELAND, FL 33801



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0201182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARL, RONALD M
704 S MISSOURI AVE
LAKELAND, FL 33815

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARL, RONALD M
STREET ADDRESS 704 S MISSOURI AVE
CITY-ST-ZIP LAKELAND, FL

TITLE S
NAME GARL, SYLVIA H.
STREET ADDRESS 704 MISSOURI AVENUE
CITY-ST-ZIP LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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01/09/04-80010-012 150.00

**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: *Sylvia H. Garl* Sylvia H. Garl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-04 863-688-8383

Date

Daytime Phone #