

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0201182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000000113
01/10/06-60049-016 150.00

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	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Sylvia H. Garl Sylvia Garl (S) 1-5-06 863-688-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #