


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M34619</b> 1. Entity Name 3 GARNETTS SOUTH, INC.	
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Principal Place of Business 5869 W. ATLANTIC AVE. SUITE 108 DELRAY BEACH, FL 33484-8402	Mailing Address 5869 W. ATLANTIC AVE. SUITE 108 DELRAY BEACH, FL 33484-8402
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**DO NOT WRITE IN THIS SPACE**



01172007 \_ No Chg-P CR2E034 (11/05)

4. FEI Number 59-2736251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

GARNETT, BRUCE  
5869 W. ATLANTIC AVE.  
SUITE 108  
DELRAY BEACH, FL 33445

**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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000595896 01/23/07-80058-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARNETT, BRUCE 1162 RAINTREE LANE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARNETT, ANDREW 14482 AUTUMN AVE WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **1-19-07**

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