2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # M75140 ATER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 04, 2004 08:00 AM

(386)677-3785

1. Entity Name					Secretary of State		
GARRISON COMMERCIAL PROPERTIES, INC.							
Principal Place of Business		Mailing Address					
4 ECLIPSE TRAIL ORMOND BEACH FL 32174 US		4 ECLIPSE TRAIL ORMOND BEACH FL 32174 US			 	ATRIL BIBLI MIBILIBRI IT TEST	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (1	11/03)	
City & State		City & State			4. FEI Number 59-2875270	Applied For Not Applicable	
Zıp	Cauntry	Zip Count		try	5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent		
GARRISON TOM W					(2.2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
4 E0	CLIPSE TRAIL MOND BEACH FL 32174				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code	
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							
	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0	in.	·		9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department	t of State			Trust Fund Contribution.	Added to Fees	
10.	. OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE	PD	☐ Dele	ete TITL	E	-	Change	
NAME	GARRISON, TOM W.		NAM	E ET ADDRESS	U00000034510		
STREET ADDRESS CITY-ST-ZIP	4 ECLIPSE TRAIL ORMOND BEACH FL			-ST-ZIP	02/05/0480086-011	. 150.00	
TITLE		Del	ete 1011		<u> </u>	Change Addition	
NAME		22 50	NAM	IE			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		· ••	
TITLE	}	☐ Dele	lete 1770 Nam	Į	Ĺ	Change Addition	
NAME STREET ADDRESS	<u> </u>			EET ADORESS			
CITY ST-ZIP				-ST-ZIP			
TITLE		☐ Dei	iete TITU	E		Change Addition	
NAME			NAM	IE į			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME	1	□ Del	lete TITL NAM	1	,	Ti Cristide Ti Applican	
STREET ADDRESS	ļ		1	EET ADDRESS			
CITY-ST-ZIP			City	'-ST-ZIP			
TITLE		☐ Del	lete TITL	E		Change Addition	
NAME			NAM	1			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS - ST-ZIP			
L	continuithan the information or militaria	with this filing door act a			ection 119 07(3Vi) Florida Statutes I further contin	v that the information	
 of the co. 	cerny that the information supplied of on this report or supplemental reporporation or the receiver or trustee ell, or on an attachment with an address	moowered to execute th:	us report as requ	iture shall have the ired by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certifi is same legal effect as if made under oath, that I am 7, Florida Statutes: and that my name appears in I	an officer or director Block 10 or Block 11 if	