2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M86395

Entity Name: GARRISON DESIGN AND CONSTRUCTION, INC.

Current Principal Place of Business:

5158 WOODLANE CR.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

5158 WOODLANE CIRCLE
TALLAHASSEE, FL 32303 US

New Mailing Address:

5158 WOODLANE CR.
TALLAHASSEE, FL 32303 US

FEI Number: 59-2912804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRISON, WILLIAM B.
12995 N. MERIDIAN RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SMITH, DEBRA N
Address: 23185 JOHN REDD EAST ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: PT ( ) Delete
Name: GARRISON, WILLIAM B
Address: 12995 NORTH MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: GARRISON, CHARLES M
Address: 12386 WATERFRONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: GARRISON, JR, WILLIAM B
Address: 3643 LUTHER HALL ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: LORD, DUSTIN B
Address: 1801 CROWDER ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA N SMITH DS 04/29/2009
Electronic Signature of Signing Officer or Director Date