


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000032537</b>	
1. Entity Name GARRETT AUTOMOTIVE ENTERPRISES, INC.	

Principal Place of Business 506 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	Mailing Address 506 THOMAS DRIVE PANAMA CITY BEACH, FL 32408
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03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3643355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GARRETT, FREDERICK J JR 506 THOMAS DRIVE PANAMA CITY BEACH, FL 32408
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000258757  
03/10/05-20055-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRETT, FREDERICK J JR 7227 EMERSON DRIVE PANAMA CITY, FL 32408
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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)(b), 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:  3/9/05 850-234-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #