

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000032537

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**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

7. 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. Registered Agent signature required when re-registering. DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election of Financing
Trust Fund ☐ **\$5.00 May Be Added to Fees**

**U00000449791
03/09/06-80068-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARRETT, FREDERICK J JR
7227 EMERSON DRIVE
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not contain any false or misleading information, and that the information contained in Chapter 119, Florida Statutes, is true and accurate. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: _____ **2/24/06 850-234-3255**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #