


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90052 046 \*\*\*150.00

**DOCUMENT # P00000075831**

1. Entity Name  
**GARAK INVESTMENTS, INC.**



Principal Place of Business      Mailing Address

2916 COUNTRY CLUB DRIVE      2916 COUNTRY CLUB DRIVE  
 LYNN HAVEN, FL 32444      LYNN HAVEN, FL 32444



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1006 KIMBERLY LANE**      **1006 KIMBERLY LANE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**LYNN HAVEN**      **LYNN HAVEN**

02122007      Chg-P      CR2E034 (12/06)

City & State      City & State

**FLORIDA**      **FLORIDA**

4. FEI Number      Applied For

**59-3664102**      Not Applicable

Zip      Country      Zip      Country

**32444**           **32444**           **\$8.75 Additional Fee Required**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BABER, GEORGE L JR.**  
 2916 COUNTRY CLUB DRIVE  
 LYNN HAVEN, FL 32444

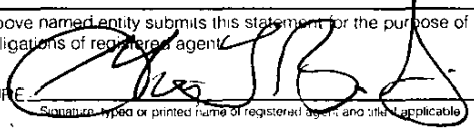
**7. Name and Address of New Registered Agent**

Name

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:       DATE: **2/12/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BABER, GEORGE L JR.</b>
STREET ADDRESS	<b>2916 COUNTRY CLUB</b>
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BABER, KAREN R</b>
STREET ADDRESS	<b>2916 COUNTRY CLUB</b>
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1006 KIMBERLY LANE</b>
CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1006 KIMBERLY LANE</b>
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       DATE: **2/12/07**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR