


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 047 ***158.75

DOCUMENT # P00000075831

1. Entity Name
GARAK INVESTMENTS, INC.



Principal Place of Business Mailing Address

**1006 KIMBERLY LANE
 LYNN HAVEN
 LYNN HAVEN, FL 32444**

**1006 KIMBERLY LANE
 LYNN HAVEN
 LYNN HAVEN, FL 32444**

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

1022 Sunset W **1022 Sunset W**

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

City & State City & State

Lynn Haven **Lynn Haven**

Zip Country Zip Country

32444 **Bay** **32444** **Bay**



04062008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For

59-3664102 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1022 Sunset W

City State Zip Code

Lynn Haven **FL** **32444**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/4/08**

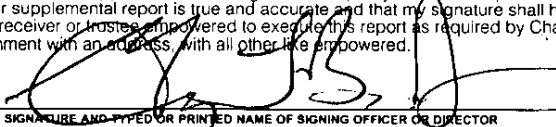
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABER, GEORGE L JR.			NAME			
STREET ADDRESS	1006 KIMBERLY LANE			STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABER, KAREN R			NAME			
STREET ADDRESS	1006 KIMBERLY LANE			STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **4/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #