

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL 10 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000082031

1. Entity Name
JOHN GARMONG, INC.



Principal Place of Business
1950 NORTHGATE BOULEVARD
D-6
SARASOTA, FL 34234

Mailing Address
1950 NORTHGATE BOULEVARD
D-6
SARASOTA, FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1059634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME GARMONC, JOHN R
STREET ADDRESS 1927 LASREL ST
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE S
NAME LILJEBERG, STACY
STREET ADDRESS 1526 EASTBROOK DR
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME GARMONC JOHN R
STREET ADDRESS 1950 NORTHGATE BLVD D-6
CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100077523471
07/14/06--01038--005 **\$9.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: John R Garmong JOHN R GARMONC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06 941-544-6101
Date Daytime Phone #