## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097193 1. Entity Name JIM GARRETT REALTY, INC.



Principal Place of Business 132 FAIRVIEW RD. MARIANNA, FL 32448 Mailing Address 132 FAIRVIEW RD. MARIANNA, FL 32448

## FILED Jul 24, 2008 08:00 AM Secretary of State



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CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARRETT, JAMES H 3624 SEMINOLE LN. MARIANNA, FL 32448

## DO NOT WRITE IN THIS SPACE

No Chg-P

07082008

4. FEI Number 59-3673921

5. Certificate of Status Desired

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	of applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRETT, JAMES H 3624 SEMINOLE LN. MARIANNA, FL 32448				
TITLE					
NAME STREET ADDRESS CITY-ST-ZIP					U00000356208 07/24/08-80003-014 158.75
TITLE NAME STREET ADDRESS				50	
CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>·</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date					