
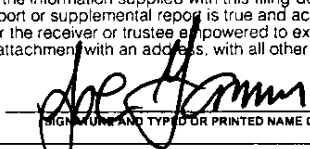


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90017 026 \*\*\*150.00

<b>DOCUMENT # P01000061475</b> 1. Entity Name <b>GARRISON LAND MANAGEMENT, INC.</b>					
Principal Place of Business <b>2100 DUNDEE RD #108 WINTER HAVEN, FL 33884</b>			Mailing Address <b>PO BOX 510 DUNDEE, FL 33838</b>		
2. Principal Place of Business - No P.O. Box # <b>28600A HWY 27 N</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 510</b> Suite, Apt. #, etc.			
City & State <b>Dundee, FL</b>		City & State <b>Dundee FL</b>		4. FEI Number <b>02-0569473</b>	
Zip <b>33838</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARRISON, JOE 2100 DUNDEE ROAD # 108 WINTER HAVEN, FL 33884</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, JOSEPH L PO BOX 174 DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRISON, DAPHNE PO BOX 174 DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph L Garrison PO Box 510 Dundee, FL 33838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daphne Garrison PO Box 510 Dundee, FL 33838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph L Garrison PO Box 510 Dundee, FL 33838	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daphne Garrison PO Box 510 Dundee, FL 33838	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph L Garrison PO Box 510 Dundee, FL 33838	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daphne Garrison PO Box 510 Dundee, FL 33838	<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: <b>1/21/08</b> Daytime Phone #: <b>80343946550</b>	