

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90333 033 \*\*\*158.75

DOCUMENT # P01000068390

1. Entity Name  
THE GARRISON DESIGN GROUP OF FLORIDA INC.



Principal Place of Business  
4240 SAN MARINO BLVD.  
302  
WEST PALM BEACH, FL 33409 US

Mailing Address  
PO BOX 540337  
LAKE WORTH, FL 33454 US



2. Principal Place of Business  
1509 N. Military Tr.  
Suite, Apt. #, etc.  
Suite 208

3. Mailing Address  
PO BOX 540337  
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
West Palm Beach, FL  
Zip  
33409  
Country  
U.S.

City & State  
LAKE WORTH, FL  
Zip  
33454  
Country  
US

4. FEI Number  
65-1121345  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARRISON, MICHAEL S PRES.  
4240 SAN MARINO BLVD.  
302  
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name  
MICHAEL S. GARRISON, PRES.  
Street Address (P.O. Box Number is Not Acceptable)  
1509 N. Military Trail #208  
City  
West Palm Beach FL Zip Code  
33409

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 Michael S. Garrison, PRES. *Michael S. Garrison* 4/28/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
GARRISON, MICHAEL S PRES  
PO BOX 540337  
LAKE WORTH, FL 33454 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael S. Garrison* Michael S. Garrison 4/28/04 561-835-9744  
Signature and typed or printed name of signing officer or director Date Daytime Phone #