

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000043797

1. Entity Name
GARRATT & PAIGE ENTERPRISES, INC.



Principal Place of Business
**1709 SW 15TH AVE
CAPE CORAL, FL 33991**

Mailing Address
**1709 SW 15TH AVE
CAPE CORAL, FL 33991**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0692332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRATT, DAVID
1709 SW 15TH AVE
CAPE CORAL, FL 33991**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRATT, DAVID
STREET ADDRESS	1709 SW 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	V
NAME	PAIGE, BRETT
STREET ADDRESS	9099 IRVING RD.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80083-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **David Garratt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

239-940-1925

Daytime Phone #