


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-28-2004 90186 039 ***150.00

DOCUMENT # P02000069254					
1. Entity Name GARRETT TOWING, INC.					
Principal Place of Business 1153 W 23RD ST RIVIERA BCH FL 33404			Mailing Address 1153 W 23RD ST RIVIERA BCH FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number AP-PLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, MARILYN 1153 W 23RD ST RIVIERA BCH FL 33404				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, MARILYN F <input type="checkbox"/> Delete 1153 W 23RD ST RIVIERA BCH FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, CHRISTOPHER J <input type="checkbox"/> Delete 1153 W 23RD ST RIVIERA BCH FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, CHRISTOPHER M <input type="checkbox"/> Delete 1153 W 23RD ST RIVIERA BCH FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marilyn F. Garrett</i> 4.26.04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					