2006-FOR PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name GARLAND CONSTRUCTION, INC.

DOCUMENT # P02000124025

FILED Feb 01, 2006 08:00 AN **Secretary of State**

Principal Place of Business 7511 OAK TERRACE DR. LAKELAND, FL 33810

Mailing Address

7511 OAK TERRACE DR. LAKELAND, FL 33810



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No Cha-P CR2E034 (11/05) 01192006 Applied For 4. FEI Number

55-0813102

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

GARLAND, SANFORD 7511 OAK TERRACE DR. LAKELAND, FL 33810

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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

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Signature, typed or printed name of registered agent and title it 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

OFFICERS AND DIRECTORS 10, PD TITLE GARLAND, SANFORD NAME 7511 OAK TERRACE DR. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 TOTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby 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:

FICER OR DIRECTOR

Daytime Phone #