

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90089 047 ***150.00

DOCUMENT # P02000125833

1. Entity Name
GARRATT & LAU FOOD DEVELOPMENT, INC.



Principal Place of Business
**2522 SANTA BARBARA BLVD.
#304
CAPE CORAL, FL 33914**

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

4-



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0345729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GARRATT, DAVID M
STREET ADDRESS	1709 SW 15TH AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	VP
NAME	LAU, MARK
STREET ADDRESS	501 SW 31ST TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	T
NAME	GARRATT, ROBERT
STREET ADDRESS	4150 GUNNISAN CT. #721
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an officer, like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-08 239-772-5065