## 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 08:00 AN Secretary of State

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1. Entity Name

GARRETT PRODUCTION GROUP, INC.



Principal Place of Business

12353 NW 25 STREET PLANTATION, FL 33323

Mailing Address

12353 NW 25 STREET PLANTATION, FL 33323



CD2E034 (11/05)

Daytime Phone #

| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|------|-------|
|----|-----|-------|----|------|-------|

| ٠  | 1092008 140 0119-1            | OITE | 2004 (11/00)      |
|----|-------------------------------|------|-------------------|
| 4. | FEI Number                    |      | Applied For       |
|    | 20-0025785                    |      | Not Applicable    |
| 5. | Certificate of Status Desired |      | \$8.75 Additional |

6. Name and Address of Current Registered Agent

WATKIVS, SHARONE 12353 NW 25 STREET PLANTATION, FL 33323

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the plons of registered agent   | urpose of changing its registered   | office or re                          | egistered agent, or bot  | h, in the State of Florida. I am familiar with, and accept   |
|--|---|---|---------------------------------------|--|--|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and little in  | applicable. (NOTE: Registered A   | gent signature                        | required when reinstating)   | DATE   |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00   | Election Campaign Financi Trust Fund Contribution.  | ng 🗆                                  | \$5.00 May Be<br>Added to Fees   |  |
| 10.  | OFFICERS AND DIREC  | CTORS   |                                       |  |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP           | PVST<br>WATKIVS, SHARONE<br>12353 NW 25 STREET<br>PLANTATION, FL 33323  |   |                                       |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          |   |   |                                       |  | 000000780314<br>01/14/08-80017-012 150.00  |
| TITLE<br>NAME                                  |   |   |                                       |  |  |
| STREET ADDRESS<br>CITY-SI-ZIP                  |   |   |                                       | DO   | NOT WRITE  |
| title<br>name<br>street address<br>city-st-zip |   |   |                                       | IN 7   | THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |                                       |  |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP          |   |   | •                                     |  | ·  |
| 12. Thereby of the collection changed          | certify that the information supplied with this fit on this report or supplierental report is frue a poration or the receiver or rustee empowered, or on an attachmant with a address, with a | ling does fot qualify for the exemand accurate and the my signature to execute this report as required to the likelompowered. | nphons co<br>e shall har<br>d by Chap | ntained in Chapter 119<br>ve the same legal effect<br>ter 607, Florida Statute | Provide Statutes 1 further certify that the information at as if make under oath; that I am an officer or director is; and trult myname appears in Block 10 or Block 11 if |

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR