


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075013 1. Entity Name GARNET PC CORPORATION					
Principal Place of Business 925 E MAGNOLIA DR #0-8 TALLAHASSEE, FL 32301				Mailing Address 925 E MAGNOLIA DR #0-8 TALLAHASSEE, FL 32301	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERBILGIN, RAMAZAN 925 E MAGNOLIA DR #0-8 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Mr. Ramazan Erbilgin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>04/29/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNAL, ZAFER 2203 W PENSACOLA ST #A-8 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000357881012 05/07/04--01096--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCYIGIT, BULENT 925 E MAGNOLIA DR #0-4 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Mr. Ramazan ERBILGIN</i> , 04/29/04 850-3397828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

04 APR 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0079324** Applied For Not Applicable

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

FL Zip Code

04/29/04

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR