2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Feb 21, 2008 08:00 A **DOCUMENT # P03000092415** Secretary of State 1. Entity Name **GARRETT & ROSE, INC.** Principal Place of Business Mailing Address 1558 GLOBAL COURT 1558 GLOBAL COURT SARASOTA, FL 34240 SARASOTA, FL 34240 02072008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 68-0566534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARRETT, WILLIAM S DO NOT WRITE 7860 HOLIDAY DRIVE SARASOTA, FL 34231 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE H00000933714 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 n2/28/08-80023-023 150.**0**0 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D TITLE **GARRETT, WILLIAM S** NAME STREET ADDRESS 7860 HOLIDAY DRIVE CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME ROSE, TED M STREET ADDRESS 7860 68TH STREET EAST CITY-ST-ZIP BRADENTON, FL 34203 MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

SIGNATURE: SIGNATURE AND TYPES OF PRINTED MASSE OF SIGNING OFFICER OF DIRECTOR Date Date Date Day Only Print 8

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

STREET ADDRESS CITY-ST-ZIP