


**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90027 001 \*\*\*150.00

**2007-FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000120398**

1. Entity Name  
**GARRETT TIN & BROTHER, INC.**



Principal Place of Business <b>2536 PALESTRA DR        NEW PORT RICHEY, FL 34655 US</b>	Mailing Address <b>2536 PALESTRA DR        NEW PORT RICHEY, FL 34655 US</b>
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**DO NOT WRITE IN THIS SPACE**

40116450



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0341264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TIN, GARRETT S  
 2536 PALESTA DR 6  
 NEW PORT RICHEY, FL 34655**

**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 re-appointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$350.00**

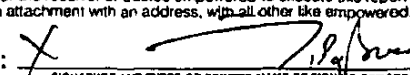
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TIN, GARRETT S 2536 PALESTA DR TRINITY, FL 34655</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 all other like empowered.

**SIGNATURE:**  **04/11/07** **813 578 2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #