

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90004 042 ***150.00

DOCUMENT # P05000167213	
1. Entity Name GARRETT LAW FIRM, P.A.	

Principal Place of Business 1850 LEE RD., SUITE 210 WINTER PARK, FL 32789	Mailing Address 1850 LEE RD., SUITE 210 WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box # 1850 Lee Road	3. Mailing Address 1850 Lee Road
Suite, Apt. #, etc. Suite 330	Suite, Apt. #, etc. Suite 330
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Country USA

10000000
01032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4120776	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRETT, MARK W 1850 LEE RD., SUITE 210 WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D , GARRETT, MARK W 1850 LEE RD., SUITE 210 WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President C. Teresa Garrett 1850 Lee Rd, Suite 330 Winter Park, FL 32789 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mark W. Garrett 1850 Lee Rd, Suite 330 Winter Park, FL 32789 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: C. Teresa Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #