

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000000441

1. Entity Name
GARRETT, WOOD & CO., P.A.



Principal Place of Business
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32207

Mailing Address
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32207



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3148658

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARRETT, MICHAEL W
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32207

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARRETT, MICHAEL W
STREET ADDRESS 5210 GOLF COURSE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ST
NAME WOOD, MICHAEL L
STREET ADDRESS 4417 BEACH BLVD., STE. 200
CITY-ST-ZIP JACKSONVILLE, FL

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000000452724
03/13/06-80011-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael L Wood Michael L Wood

2-28-06

904-398-8664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #