


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000011022					
1. Entity Name GARNER FIVE INCORPORATED					
Principal Place of Business 1900 SR 312 SAINT AUGUSTINE FL 32086 US			Mailing Address 602 STAFFORD SAINT AUGUSTINE FL 32086 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3224763	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARNER, CHARLES J 602 STAFFORD LANE SAINT AUGUSTINE FL 32086			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, CHARLES J		NAME		
STREET ADDRESS	602 STAFFORD LANE		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE FL 32086		CITY - ST - ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, CHARLOTTE I		NAME		
STREET ADDRESS	602 STAFFORD LANE		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE FL 32086		CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Charles J. Garner</u> CHARLES J GARNER 1-28-06 904-79 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> 9418					



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3224763

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
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NAME GARNER, CHARLOTTE I
STREET ADDRESS 602 STAFFORD LANE
CITY - ST - ZIP SAINT AUGUSTINE FL 32086

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Charles J. Garner CHARLES J GARNER 1-28-06 904-79
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9418