

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED 01/09/06  
Jan 12, 2006 08:00 AM  
Secretary of State

150.00

DOCUMENT # P94000050408

1. Entity Name  
EASY GARLIC, INC.



Principal Place of Business  
8860 EAST IRLA BRONSON HWY  
ST CLOUD, FL 33471 US

Mailing Address  
P.O. BOX 280  
KENANSVILLE, FL 34739 US



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0503719 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCWHORTER, MYRA  
447 LAGOON CT.  
KENANSVILLE, FL 34739

**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 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	ST
NAME	MCWHORTER, MYRA
STREET ADDRESS	447 LAGOON CT.
CITY-ST-ZIP	KENANSVILLE, FL 34739
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/13/06-80019-008 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Myra McWhorter* MYRA MCWHORTER

01/09/06

954-650-5432