## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

DOCUMENT # P95000042908  1. Entity Name GEORGE C. GARRETT INSURANCE, INC.					Secretary of State
	OAD, SUITE 206 1	Mailing Address 7800 RED ROAD, SUITE 206 S MIAMI, FL 33143			
				01312005 No Chg-P	
	OO NOT WRITE I		CE	FEI Number     65-0599502     Certificate of Status Desire	Applied For No Applicable  \$8.75 Additional Fee Required
GARRETT, GEORGE C. 7800 RED ROAD SUITE 206 SOUTH MIAMI, FL 33143			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and till	· · · · · · · · · · · · · · · · · · ·	ed office or registers  d Agant signature required	-	of Florica. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.0				00 May Be and to Fees	UNIC .
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARRETT, GEORGE C %7800 RED ROAD, SUITE 206 S MIAMI, FL 33143		, je vočau efficacio	Ú000 04.2092	000295119 05-80015-005 150.00
NAME STREET ADDRESS CITY-ST-ZIP				Sec. Of Tapolor S <sub>a</sub>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN THIS S	
TATLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·			
12. I hereby condicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is tide poration of the receiver of traffer empowere or on an attachment with an afforces with				es. I further certify that the information der oath, that I am an officer or director name appears in Block 10 or Block 11 if