


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000071392</b>	
1. Entity Name <b>GREAT WAVES, INC.</b>	

Principal Place of Business <b>3435 ROSEBAY CT SPRING HILL, FL 34609</b>	Mailing Address <b>3435 ROSEBAY CT SPRING HILL, FL 34609</b>
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**DO NOT WRITE IN THIS SPACE**



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3463840</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CARIO, JEFFREY P  
7361 FOREST OAKS BLVD.  
SPRING HILL, FL 34606**

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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 reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>NAME GARRETT, JODY A</b>
STREET ADDRESS <b>3435 ROSEBAY CT</b>	<b>CITY-ST-ZIP SPRING HILL, FL 34609</b>
TITLE <b>STD</b>	<b>NAME GARRETT, RICHARD</b>
STREET ADDRESS <b>3435 ROSEBAY CT</b>	<b>CITY-ST-ZIP SPRING HILL, FL 34609</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

11. **03/04/06-00001-004 150.00**

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: Richard Garrett **RICHARD GARRETT** 2/15/06 352)683-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #