


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000100488 1. Entity Name GARLAND REAL ESTATE, INC.	
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Principal Place of Business 9309 9TH AVE NW BRADENTON, FL 34209	Mailing Address 9309 9TH AVE NW BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0797963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARLAND, CHARLES R.
9309 9TH AVE NW
BRADENTON, FL 34209

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, CHARLES R 9309 9TH AVE NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, GERTRUDE M 9309 9TH AVE NW BRADENTON, FL 34209
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04/25/08-80083-010 150.00

**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: Gertrude M. Garland Gertrude M. Garland 4/10/08 941-795-0903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #