
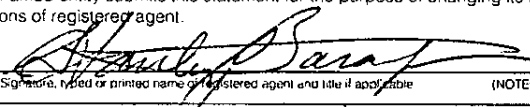
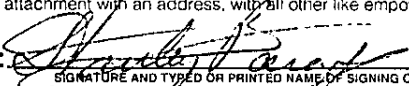


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 030 ***150.00

DOCUMENT # P97000103426			
1. Entity Name THE GARAGE IN MICANOPY, INC.			
Principal Place of Business 212 CHOLOKKA BLVD MICANOPY, FL 32667		Mailing Address 445 NE 8TH AVE. OCALA, FL 34470-5346	
2. Principal Place of Business		3. Mailing Address PO BOX 1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OCKLAWAHA, FLA	
Zip	Country	Zip	Country
32183	USA	32183	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AYRES-BENJAMIN H 445 NE 8TH AVE. OCALA, FL 34470-5346		Name <u>STANLEY BARAN JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>PO BOX 1992 15605 SE 112th LN</u> City <u>OCKLAWAHA</u> FL Zip Code <u>32183</u>	
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 		DATE <u>12 Aug 2005</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	D BARAN, STANLEY JR PO BOX 9 N/A OCKLAWAHA, FL 32183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATWOOD-LANGSTAFF, MARGO PO BOX 964 N/A OCKLAWAHA, FL 32183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		STANLEY BARAN JR 12 AUG 2005 352 288 8485	

50061821



07272005 Chg-P CR2E034 (10/03)

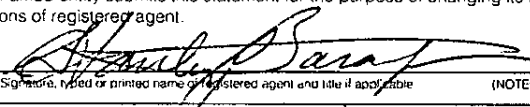
4. FEI Number 59-3481184 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Name STANLEY BARAN JR
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 1992 15605 SE 112th LN
City OCKLAWAHA FL Zip Code 32183

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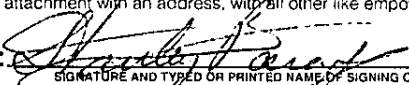
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SIGNATURE:  STANLEY BARAN JR 12 AUG 2005 352 288 8485

ATTACHMENT Friday 12 Aug 2005
SD061821

Reference: P97 000 103426

Dear Sir,

Please find enclosed 2005 Corporation Annual Report.

Also please find enclosed check for \$150.⁰⁰.

I don't understand exactly what happened - I recall receiving the Annual Report Form from your office. And I recall writing a check for \$150.⁰⁰. However I have just recently moved from my former abode (about the 20th of June), and in the rushed turmoil of moving I have not located all my records so at this time I cannot present proof of my payment.

Under these circumstances I hereby request waiver of the \$400 penalty.

Thank you.

Stanley Baraf