

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000103426

1. Entity Name
THE GARAGE IN MICANOPY, INC.



Principal Place of Business
**212 CHOLOKKA BLVD
MICANOPY FL 32667**

Mailing Address
**P.O. BOX 1992
OCKLAWAHA FL 32183**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

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

**BARAN, JR, STANLEY
P.O. BOX 1992
15665 SE 112TH LN
OCKLAWAHA FL 32183**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARAN, STANLEY JR	
STREET ADDRESS	PO BOX 9 N/A	
CITY-ST-ZIP	OCKLAWAHA FL 32183	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATWOOD-LANGSTAFF, MARGO	
STREET ADDRESS	PO BOX 964 N/A	
CITY-ST-ZIP	OCKLAWAHA FL 32183	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stanley Baran* **24 January 06** **352-288-848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR