


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 044 \*\*\*150.00

<b>DOCUMENT # P97000106878</b>					
<b>1. Entity Name</b> GARRISON ENGINEERING SERVICES, INC.					
<b>Principal Place of Business</b> 4826 SOUTH U.S. #1 FT. PIERCE, FL 34982			<b>Mailing Address</b> 4826 SOUTH U.S. #1 FT. PIERCE, FL 34982		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0800983	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GARRISON, VICTOR E 1201 KINGSWOOD LN FT. PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b> Name <u>VIKKI GARRISON</u> Street Address (P.O. Box Number is Not Acceptable) <u>6106 SUNSET BLVD</u> City <u>FT PIERCE</u> <u>FL</u> Zip Code <u>34982</u>		
<b>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.</b> SIGNATURE <u><i>Vikki Garrison</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/3/05</u>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC GARRISON, VICTOR E <input checked="" type="checkbox"/> Delete 6106 SUNSET BLVD FT. PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARRISON, VIKKI <input type="checkbox"/> Delete 6106 SUNSET BLVD FT. PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS VIKKI GARRISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6106 SUNSET BLVD FT. PIERCE FL 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILDSCHUETZ, HARVEY F <input type="checkbox"/> Delete 1739 KELSO AVENUE LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARVEY WILDSCHUETZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1739 KELSO AVE LAKE WORTH FL 33460	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ERIC SVOBODA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 174 SW GRIMALDO TERRACE PORT ST. LUCIE FL 34984	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Vikki Garrison</i></u> <b>VIKKI GARRISON PRES</b> <u>5/3/05</u> <u>772-466-2500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50051793**



05032005 Chg-P CR2E034 (10/03)