

PROFIT CORPORATION ANNUAL REPORT

P97000107000

GART COMPANY, INC.



FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90226 016 ***150.00

Principal Place of Business
199 VILLA CITY RD
GROVELAND, FL 34736

Mailing Address
199 VILLA CITY RD
GROVELAND, FL 34736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3484053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEARHART, JAMES
515 ANDERSON AVENUE
MASCOTTE, FL 34753

7. Name and Address of New Registered Agent

Name

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

199 VILLA CITY RD

City GROVELAND

FL

Zip Code 34736

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
DPV
GEARHART, JAMES
199 VILLA CITY RD
GROVELAND, FL 34736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
GEARHART, BONNIE
199 VILLA CITY RD
GROVELAND, FL 34736 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06