## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 08:00 AM Secretary of State

ANNUAL REPORT				<u> </u>	Secretary of State		
DOCU 1. Entity Nan	MENT # P9800000833	6			Secreta	ary or State	
GAR VEI	TURES, INC.						
Principal Plac	e of Business M.	ailing Address					
106 PONCE TERRACE CIRCLE 106 PONCE TERRACE CIRCLE PONCE INLET, FL 32127-701 PONCE INLET, FL 32127-701			6				
		<u> </u>					
DO NOT WRITE IN THIS SPA			CE	03102005	No Chg-P CR	2E034 (10/03)	
			O'L	4. FEI Numb 59-349		Applied For Not Applicable	
			<del></del> , <del></del> ;	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent					
ROBARGE, GARY A 106 PONCE TERRACE CIRCLE PONCE INLET, FL 32127-7016			DO NOT WRITE IN THIS SPACE				
9 The show							
the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ea ollice or regi	stered agent, or bo	in, in the State of Florida. I	am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title to	applicable (NOTE Registered	d Agent signature req	ulred when reinstaling)	D.	TE .	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
HILE	PDS						
NAVE	ROBARGE, GARY						
STREET ADDRESS	106 PONCE TERACE CIRCLE						
	PONCE INLET, FL 321277016						
TITLE NAME					<u> </u>	574	
SIRLEI ADDRESS					03/14/05-8008	4-U15 15U.UU	
CITY-ST-ZIP							
Idle							
NAME CIPLET ADDRESS			1			· ''fit'- = =	
SIRLET ADDRESS CITY-ST-ZIP				DO	<b>NOT WRI</b>	ΤΕ	
HILL							
NAME				IIV	THIS SPAC	ノニ	
STREET ADDRESS		!					
CITY-ST-ZIP							
THILE			ı				

12. I hereby certify that the information supplied with this filling 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:

NAME
SIRLET ADDRESS
CHY-ST-ZIP
FILLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

Mar. 10, 2005

386-761-2474