

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90400 004 ***150.00

DOCUMENT # P98000008336

1. Entity Name

GAR VENTURES, INC.



Principal Place of Business

106 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016

Mailing Address

106 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016

2. Principal Place of Business

1895 Spruce Creek Cir. N.

Suite, Apt. #, etc.

3. Mailing Address

1895 Spruce Creek Cir. N.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32128

Country

Volusia

Zip

32128

Country

Volusia

4. FEI Number

59-3495401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBARGE, GARY A
106 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016

*1895 Spruce Creek Cir. N.
Port Orange, FL 32128*

7. Name and Address of New Registered Agent

Name

X

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

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

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 PDS ☐ Delete
NAME ROBARGE, GARY
STREET ADDRESS 106 PONCE TERRACE CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127-7016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☐ Change ☐ Addition
NAME *Robarge, Gary*
STREET ADDRESS *1895 Spruce Creek Cir. N.*
CITY-ST-ZIP *Port Orange, FL 32128*

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mary A. Robarge / Gary A. Robarge

Date

3/27/06

Daytime Phone #