

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90113 010 ***150.00

DOCUMENT # P98000027968

1. Entity Name
T. GAR, INC.



Principal Place of Business
P.O. BOX 440704
JACKSONVILLE, FL 32222

Mailing Address
P.O. BOX 440704
JACKSONVILLE, FL 32222



2. Principal Place of Business

4021-100 Southside Blvd
Suite, Apt. #, etc.
Jax FL 32216
City & State

3. Mailing Address

P.O. Box 440704
Suite, Apt. #, etc.
Jax FL 32222-0704
City & State

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3495996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
32216

Country
Duvv

Zip
32222

Country
Duvv

6. Name and Address of Current Registered Agent

GARRETT, THOMAS M SR.
8142 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244-6800

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

Thomas M. Garrett

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

(NOTE: Registered Agent signature required when reinstating)

4-22-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GARRETT, THOMAS M SR.
STREET ADDRESS 8142 ROCKY CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 322446800 ☐ Delete

TITLE D
NAME GARRETT, ANN M
STREET ADDRESS 8142 ROCKY CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 322446800 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

Thomas M. Garrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

904-997-8883

Daytime Phone #