

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90135 017 \*\*\*150.00

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03132006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P99000016077</b> 1. Entity Name <b>GARTNER ENTERPRISES, INC.</b>			
Principal Place of Business <b>5301 STATE RD 7 SOUTH LAKE WORTH, FL 33467</b>		Mailing Address <b>5301 STATE RD 7 SOUTH LAKE WORTH, FL 33467</b>	
2. Principal Place of Business <b>3101 FAIRLANE FARMS RD</b> Suite, Apt. #, etc. <b>#6</b>		3. Mailing Address <b>3101 FAIRLANE FARMS RD</b> Suite, Apt. #, etc. <b>#6</b>	
City & State <b>WELLINGTON, FL</b> Zip <b>33414-8750</b>		City & State <b>WELLINGTON, FL</b> Zip <b>33414-8750</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0894954</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARTNER, DENNIS 5301 STATE RD 7 S LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent Name <b>DENNIS GARTNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3101 FAIRLANE FARMS RD</b> <b>#6</b> City <b>WELLINGTON</b>	
State <b>FL</b>		Zip Code <b>33414</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.  SIGNATURE:  DATE: <b>3/21/06</b> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, DENNIS 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, GRACE 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	P D T 3101 FAIRLANE FARMS RD #6 WELLINGTON FL 33414-8750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, GRACE 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	VP 3101 FAIRLANE FARMS RD #6 WELLINGTON FL 33414-8750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, GRACE 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	VP 3101 FAIRLANE FARMS RD #6 WELLINGTON FL 33414-8750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, GRACE 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	VP 3101 FAIRLANE FARMS RD #6 WELLINGTON FL 33414-8750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, GRACE 5301 STATE RD 7 S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	VP 3101 FAIRLANE FARMS RD #6 WELLINGTON FL 33414-8750
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:		DATE: <b>3/21/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

**TAX RETURN****INSTRUCTION  
SHEET**DATE March 13, 2006

NAME: Gartner Enterprises, Inc.

Form:

- ☐ 941  
☐ UCT-6  
☐ 940  
☒ Other Annual Report

Account # 65-0894954

This number should be indicated on all checks  
Regarding this return.

2006 For Profit Corporation  
Annual Report

**General**

The following instructions are applicable to the enclosed form. A pre-addressed envelope has been provided for your convenience. Attached is the COPY of the form for your files and records. If you have any questions please do not hesitate to contact us.

**Signature**

Please sign where indicated.

**Amount Due**

\$150.00

**Make check  
Payable to:**

- ☐ United States Treasury  
☐ Your banking institution with a deposit coupon,  
☐ Florida Unemployment Compensation Fund  
☐ N/A  
☒ Other "Florida Department of State"

**Mail prior to:**

- ☒ Apr. 30   ☐ July 31   ☐ Oct. 31   ☐ Jan. 31   ☐ ASAP  
☐ Other: \_\_\_\_\_

**Notes:**

**MELAMED & KARP, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS