

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90023 044 ***150.00

DOCUMENT # P99000093911					
1. Entity Name GARCAL INCORPORATED					
Principal Place of Business 2921 3RD AVENUE NORTH ST. PETERSBURG, FL 33713			Mailing Address 2921 3RD AVENUE NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box # 2608 DARTMOUTH			3. Mailing Address 2608 DARTMOUTH		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ST PETERS, FL			City & State ST PETERS, FL		
Zip 33713			Zip 33713		
Country PINELLAS			Country PINELLAS		
4. FEI Number 59-3608310			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YOUNG, KATHLEEN 2921 3RD AVENUE NORTH ST. PETERSBURG, FL 33713			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: <i>Kathleen Young</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/12/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PRES YOUNG, KATHLEEN 2921 3RD AVENUE NORTH ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES YOUNG, KATHLEEN 2608 DARTMOUTH ST PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, MATTHEW 10521 GRETNA DREEN DR TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, WILLIAM 1314 W. LYNWOOD PHOENIX, AZ 85007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, WILLIAM 2628 2ND AVENUE NORTH STPETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, WILLIAM 2628 2ND AVENUE NORTH STPETERSBURG, FL 33713	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kathleen Young</i> KATHLEEN YOUNG					