


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**


04-22-2005 90277 038 \*\*\*150.00

<b>DOCUMENT # S03829</b> 1. Entity Name GARRATT FOOD SERVICES, INC.	
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Principal Place of Business 1709 SOUTHWEST 15TH AVENUE CAPE CORAL, FL 33991-3240	Mailing Address 1709 SOUTHWEST 15TH AVENUE CAPE CORAL, FL 33991-3240
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**DO NOT WRITE IN THIS SPACE**

**20041613**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0222181	Applied For 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

GARRATT, ALBERT M.  
1709 SOUTHWEST 15TH AVENUE  
CAPE CORAL, FL 33991

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IN THIS SPACE**

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: Albert Garratt Albert Garratt 4/19/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRATT, ALBERT M. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRATT, BARBARA A. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRATT, DAVID M. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRATT, ROBERT F. 1709 S.W. 15TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Albert Garratt Albert Garratt 4/19/05 239-948-3571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #