

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # S03829

1. Entity Name
GARRATT FOOD SERVICES, INC.



Principal Place of Business
**1709 SOUTHWEST 15TH AVENUE
CAPE CORAL, FL 33991-3240**

Mailing Address
**1709 SOUTHWEST 15TH AVENUE
CAPE CORAL, FL 33991-3240**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0222181

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	GARRATT, ALBERT M.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	GARRATT, BARBARA A.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	GARRATT, DAVID M.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	GARRATT, ROBERT F.
STREET ADDRESS	1709 S.W. 15TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Albert Garratt **ALBERT GARRATT** 4/22/06 239-948-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #