

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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

[Signature]
Signature, typed or printed name of registered agent and title (Typed name required when reinstating)

4/23/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U000000744639
05/15/07-80157-015 150.00

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
Date

Daytime Phone #