2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2006 08:00 AM DOCUMENT # 533938 Secretary of State t. Lntity Name GARRATY REALTY, INC. Mailing Address Principal Place of Business 28t S COLLIER BLVD. 291 S COLLIER BLVD. MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suste, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0272572 Not Applicable Country \$8.75 Additional Zio Z_{10} Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBSTER, RONALD S. Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM MALL 993 N COLLIER BLVD. MARCO ISLAND FL 33937 Zip Code City 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 Excussive typest or prince name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisialist) UATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE PST ☐ Delete THE NAME NAME GARRATY, ROBERT U000000444152 STREET ADDRESS STREET ADDRESS 30 ANCHOR CT 03/06/06-80040-020 150.00 CITY-ST-ZIP MARCO ISLAND FL 34145 City-St-Zit HILL ☐ Delete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Mildition ☐ Defete uți L nice NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-71P City-ST-ZtP ☐ Delete ☐ Change TILL TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST- DP ☐ Delete ☐ Change ■ Addition TITLE TOTAL MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP □ Alleria ☐ Change HTLE ☐ Delete mu MAME NAME STREET LANGRESS STREET ADDRESS City-St-ZiP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

THE AND TYPED ON DEBUTED NAME OF SIGNING OFFICER OR DIRECTOR

TED W JOOT

239-642-3050

FILED