2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 11, 2005 8:00 am
Secretary of State
02-02-2005 90049 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # S66832

1. Entity Name

GARTEC PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
280 BAY AVE. DEFUNIAK SPRINGS FL 32435 US	280 BAY AVE. DEFUNIAK SPRINGS FL 32435 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3070768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISHOP, ELIZABETH M. 280 BAY AVENUE DEFUNIAK SPRINGS FL 32433	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BISHOP, ELIZABETH M. 280 BAY AVE. DEFUNIAK SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Elizabeth M. Bishop 772 Circle Dr. DeFuniak Springs, FL 32435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VANSLATE, GENEVIEVE M. 836 CIRCLE DR DEFUNIAK SPRINGS FL 32435	☐ Delete	TITLE / NAME		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMERLE, CAROLYN M. 1028 FALCONCREST LAWRENCEVILLE GA				ddition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALAY, TAWEE M. 3347 PIPING ROCK TALLAHASSEE FL 32308				ddition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANNING, WAYNE O JR 1135 PONTE VEDRA BLVD PONTE VEDRA BCH FL				ddition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP					ddition

Principal place of business and my mailing address for this form needs to be changed to 772 Circle Dr. DeFd. 32435

Also registered agent address

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: Elizabeth M. Bishop Elizabeth M. Bishop 3/5/05 850-892-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #