## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 27, 2006 8:00 am Secretary of State DOCUMENT # S66832 02-27-2006 90111 032 \*\*\*150.00 1. Entity Name GARTEC PRODUCTIONS, INC. Principal Place of Business Mailing Address 772 CIRCLE DR 772 CIRCLE DR **DEFUNIAK SPRINGS FL 32435 DEFUNIAK SPRINGS FL 32435** 2. Principal Place of Business 3. Mailing Address 772 Circle Dr. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3070768 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, ELIZABETH M. Street Address (P.O. Box Number is Not Acceptable) 772 CIRCLE DR **DEFUNIAK SPRINGS FL 32435** City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when roinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME BISHOP, ELIZABETH M. NAME STREET ADDRESS 772 CIRCLE DRIVE STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP Delete TIBE ☐ Change ☐ Addition TITLE NAME VANSLATE, GENEVIEVE M. NAME STREET ADDRESS 836 CIRCLE DR STREET ADDRESS DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Detete FITLE Change Addition NAME ZIMERLE, CAROLYN M. NAME STREET ADDRESS STREET ADDRESS 1028 FALCONCREST CITY-ST-ZIP CITY-ST-ZIP LAWRENCEVILLE GA ☐ Delete TITLE Change Change Addition TITLE NAME CALAY, TAWEE M. NAME 3347 PIPING ROCK STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition MANNING, WAYNE O JR NAME NAME 1135 PONTE VEDRA BLVD STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

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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. 2-1-06 850-892-5313 Date Daytime Phone 4 NING OFFICER OR DIRECTOR

12. Thereby 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