

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66832

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: GARTEC PRODUCTIONS, INC.

**Current Principal Place of Business:**

772 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

**Current Mailing Address:**

772 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

FEI Number: 59-3070768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISHOP, ELIZABETH M.  
772 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BISHOP, ELIZABETH M.,  
Address: 772 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD ( ) Delete  
Name: VANSLATE, GENEVIEVE, M.  
Address: 836 CIRCLE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: ZIMERLE, CAROLYN M.,  
Address: 772 CIRCLE DR.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: CALAY, TAWEE M.,  
Address: 3347 PIPING ROCK  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete  
Name: MANNING, WAYNE O JR,  
Address: 1135 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH M BISHOP

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03/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date