

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005646

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: THE GARRETT GROUP INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

450 WILBANKS DR  
BALL GROUND, GA 30107

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4547  
CANTON, GA 30114

**New Mailing Address:**

FEI Number: 58-2614497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HIGLEY, DAVID A  
986 DOUGLAS AVE SUITE 102  
ALTAMONTE SPRINGS, FL 32714      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: CEOP      ( ) Delete  
Name: MCADAMS, MORGAN  
Address: 450 WILBANKS DR  
City-St-Zip: BALL GROUND, GA 30107

Title: TCFO      ( ) Delete  
Name: MCADAMS, MORGAN  
Address: 450 WILBANKS DR  
City-St-Zip: BALL GROUND, GA 30107

Title: DVS      ( ) Delete  
Name: LIPSCOMB, CHERYL  
Address: 450 WILBANKS DR  
City-St-Zip: BALL GROUND, GA 30107

**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:

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: CHERYL A. LIPSCOMB

DVS

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date