

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 310399

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** GREAT AMERICAN LAND & SEA DEVELOPMENT CORP

**Current Principal Place of Business:**

9655 E. BAY HARBOR DRIVE  
6 NORTH  
BAY HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9655 E. BAY HARBOUR DRIVE  
6 NORTH  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 59-0613194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, RICHARD B PD  
9655 E. BAY HARBOUR DRIVE  
6 NORTH  
BAYHARBOR, FL 33154 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: DOYLE, RICHARD B PD  
Address: 9655 E. BAY HARBOR DRIVE, 6 NORTH  
City-St-Zip: BAY HARBOR, FL 33154

Title: D ( ) Delete  
Name: WILLER, JOHN A  
Address: 113 NE 105 ST  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: DOYLE, THEODORE A D  
Address: 5800 SW 19 LANE  
City-St-Zip: FORT LAUDERDALE, FL 33332

**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: RICHARD B. DOYLE

PD

04/14/2009

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

\_\_\_\_\_  
Date