


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90286 044 ***150.00

DOCUMENT # F02000001906 1. Entity Name GREAT AMERICAN PRODUCTS, INC.			
Principal Place of Business 101 MATTIE KELLY BLVD. DESTIN, FL 32541		Mailing Address 4628 SOUTHWINDS DR. DESTIN, FL 32541	
2. Principal Place of Business 101 Mattie M. Kelly Blvd. Suite, Apt. #, etc.		3. Mailing Address 101 Mattie M. Kelly Blvd. Suite, Apt. #, etc.	
City & State Destin, Florida Zip Country 32541		City & State Destin, Florida Zip Country 32541	
4. FEI Number 13-3893468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELMICH, KEVIN M ESQ 4481 LEGENDARY DR., STE. 200 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP KARIAN, STEPHAN 101 MATTIE KELLY BLVD. DESTIN, FL 32541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Mattie M. Kelly Blvd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Mattie M. Kelly Blvd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to the best of my knowledge and belief; 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/31/09 (850) 269-0909 Date Daytime Phone #	

STEPHAN KARIAN