2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCU 1. Entity Nam	MENT # F27376			2805 MAR -2 AM IO: 29					
GREAT A	MERICAN REALTY OF	TAMPA BAY, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address						TALLAHA	ASSEE, FL	OKIDA	A
5219 EHRLI STE A TAMPA FL :	CH RD	-	5219 EHRLICH RD STE A TAMPA FL 33624		l record un	a ireri kanpa ikili kanca s	2))) B/27) B/27) B/37	ll Other news	
Principal Place of Business 3. Mailing Address					_				
									. S. (111)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MO	OORE (CR2E034 (10/	04)	
City & State		City & State	City & State		4. FEI Number	59-2109584			olied For Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.7 Fee F	75 Addi Required	tional
	6. Name and Address of Cu	irrent Registered Agent	ent		7. Name and Add	tress of New Re	gistered Agent		
LET	O, FRANK S.	Name							
	9 EHRLICH RD	Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL 33624									
				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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Election Campai Trust Fund Cont			00 May Be
10.	DOM VETTOKLOGRADOLIKANTATAKAN MENGHIS		ADDITIONS (O) I	NOTE TO OFF	OFFICE AND DURE	-07000	15.1.4.1		
TITLE	PVST	S AND DIRECTORS Delete	11.	·	ADDITIONS/CHA	ANGES TO OFFIC			
NAME	LETO, FRANK S.	Dolete II					i	Change	Addition
STREET ADDRESS	5219 EHRLICH RD STE A			ET ADDRESS					
CITY-ST-ZIP	TAMPA FL		CITY-	ST-ZIP					
THILE		Defete	TITLE				c	Change	Addition
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NAME			NAME			0000024 883 5 03/02/0 5/0 00 4 8-001 476.25			
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TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
	partify that the information expelie	ad with this filing does not availed			netice 110.07/21/3 F	orido Statutas 1	frushau a		fa
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 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.									

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: