


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90291 015 ***150.00

DOCUMENT # F84484
 1. Entity Name
GREAT EAGLE, INC.



Principal Place of Business
% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO, FL 33771 US

Mailing Address
% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO, FL 33771 US

44041000



2. Principal Place of Business
Great Eagle, Inc.

3. Mailing Address
Great Eagle, Inc.

Suite, Apt. #, etc.
c/o Ronald R. Petrini

Suite, Apt. #, etc.
c/o Ronald R. Petrini

04082004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-2201065

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PETRINI, RONALD R
122 HARBORVIEW LANE
LARGO, FL 33770

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME RUBRIGHT, CRAIG A.	
STREET ADDRESS 119 OZONA RIVE	
CITY-ST-ZIP PALM HARBOR, FL 34683	
TITLE SD	<input type="checkbox"/> Delete
NAME FOCARDI, NINA	
STREET ADDRESS 2432 PELHAM RD N.	
CITY-ST-ZIP SAINT PETERSBURG, FL 33710	
TITLE VD	<input type="checkbox"/> Delete
NAME BELL, RICHARD	
STREET ADDRESS 3044 BRANCH DR	
CITY-ST-ZIP CLEARWATER, FL 33760	
TITLE VD	<input type="checkbox"/> Delete
NAME PETRINI, RONALD R.	
STREET ADDRESS 122 HARBORVIEW LANE	
CITY-ST-ZIP LARGO, FL 33770	
TITLE ATD	<input type="checkbox"/> Delete
NAME SOKOLOWSKI, CLAUDIA (AST)	
STREET ADDRESS 2340 EDGEWATER LANE	
CITY-ST-ZIP LARGO, FL 33774	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: _____ **4-8-04** **(727) 584-8626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #