

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 025 ***150.00

DOCUMENT # F84484

1. Entity Name
GREAT EAGLE, INC.



Principal Place of Business
**GREAT EAGLE, INC. 2250
C/O RONALD R. PETRINI 2250 STARKEY RD
LARGO, FL 33771**

Mailing Address
**GREAT EAGLE, INC. 2250
C/O RONALD R. PETRINI 2250 STARKEY RD
LARGO, FL 33771 US**

40041110



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2201065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETRINI, RONALD R
122 HARBORVIEW LANE 2250 STARKEY ROAD
LARGO, FL 33771**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	XXXX D	
NAME	RUBRIGHT, CRAIG	
STREET ADDRESS	119 OZONA RIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	XXXX SD	
NAME	XXXXXXXXXXXXXXXXXXXX NINA FOCARDI	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 2432 PELHAM RD N	
CITY-ST-ZIP	XXXXXXXXXXXX ST. PETERSBURG, FL 33710	
TITLE	XXXX VD	
NAME	BELL, RICHARD	
STREET ADDRESS	3044 BRANCH DR	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	XXXX VD	
NAME	PETRINI, RONALD R	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 316 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	XXXX ATD	
NAME	SOKOLOWSKI, CLAUDIA	
STREET ADDRESS	2340 EDGEWATER LANE	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	XXXX R	
NAME	XXXXXXXXXXXXXXXXXXXX SOKOLOWSKI, CLAUDIA	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 316 LOTUS PATH	
CITY-ST-ZIP	XXXXXXXXXXXX CLEARWATER, FL 33756	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3-21-2007

Date

(727)-584-8626

Daytime Phone #