


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
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40041110



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2201065	Applied For Not Applicable
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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 ~~33770~~ 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.

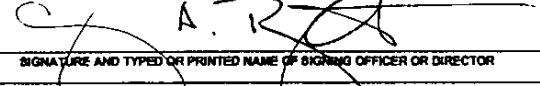
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE XXX D	NAME RUBRIGHT, CRAIG	STREET ADDRESS 119 OZONA RIVE	CITY-ST-ZIP PALM HARBOR, FL 34683
TITLE S SD	NAME SOKOLOWSKI, CLAUDIA NINA FOCARDI	STREET ADDRESS C/O 2210 STARKEY RD 2432 PELHAM RD N	CITY-ST-ZIP LARGO, FL 33771 ST. PETERSBURG, FL 33710
TITLE VD VD	NAME BELL, RICHARD	STREET ADDRESS 3044 BRANCH DR	CITY-ST-ZIP CLEARWATER, FL 33760
TITLE VD VD	NAME PETRINI, RONALD R	STREET ADDRESS 316 LOCUSTS PATH 316 LOTUS PATH	CITY-ST-ZIP CLEARWATER, FL 33756
TITLE ATD ATD	NAME SOKOLOWSKI, CLAUDIA	STREET ADDRESS 2340 EDGEWATER LANE	CITY-ST-ZIP LARGO, FL 33774
TITLE R	NAME SOKOLOWSKI, CLAUDIA	STREET ADDRESS C/O 2210 STARKEY RD	CITY-ST-ZIP LARGO, FL 33771

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:  **3-21-2007** (727)-584-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #