


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 014 ***150.00

DOCUMENT # F84484

1. Entity Name
GREAT EAGLE, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01162008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2201065 No: Applicable

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

6. Name and Address of Current Registered Agent

PETRINI, RONALD R
2250 STARKEY RD
LARGO, FL 33771

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 remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RUBRIGHT, CRAIG
STREET ADDRESS	119 OZONA RIVE
CITY-STATE-ZIP	PALM HARBOR, FL 34683
TITLE	SD <input type="checkbox"/> Delete
NAME	FOCARDI, NINA
STREET ADDRESS	2432 PELHAM RD NORTH
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33710
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BELL, RICHARD
STREET ADDRESS	3044 BRANCH DR
CITY-STATE-ZIP	CLEARWATER, FL 33760
TITLE	VD <input type="checkbox"/> Delete
NAME	PETRINI, RONALD R
STREET ADDRESS	316 LOTUS PATH
CITY-STATE-ZIP	CLEARWATER, FL 33756
TITLE	ATD <input type="checkbox"/> Delete
NAME	SOKOLOWSKI, CLAUDIA
STREET ADDRESS	2340 EDGEWATER LANE
CITY-STATE-ZIP	LARGO, FL 33774
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMAN, WILLIAM
STREET ADDRESS	2950 MOSS ROSE AVENUE
CITY-STATE-ZIP	PALM HARBOR, FL 34683
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:  **3/21/2008 (727)-584-8626**

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