


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90024 019 ***150.00

DOCUMENT # J54353		
1. Entity Name GREAT ATLANTIC REALTY, INC.		

Principal Place of Business 2805 WYCOMBE DRIVE WEST JACKSONVILLE, FL 32277 US	Mailing Address 1979 WAGES WAY JACKSONVILLE, FL 32218 US
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01232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 1979 Wages Way Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State	4. FEI Number 59-2774790	Applied For Not Applicable
Zip 32218	Country US	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, GARY M. 1979 WAGES WAY JACKSONVILLE, FL 32218	
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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 <i>GARY CLARK</i>	DATE 1/23/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CLARK, GARY M. 1979 WAGES WAY JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>GARY CLARK</i>	DATE: 1/23/07 DAYTIME PHONE: 904-3492228