

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90064 039 \*\*\*\*61.25

**DOCUMENT # N03000005109**

1. Entity Name

G.R.R.E.A.T., INC.



Principal Place of Business

250 SOUTH MAIN AVENUE  
GROVELAND FL

Mailing Address

250 SOUTH MAIN AVENUE  
GROVELAND FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

51-0472122

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW, JULIA R  
250 SOUTH MAIN AVENUE  
GROVELAND FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KORP, JAMES H  
STREET ADDRESS 1171 GREENLEY AVENUE P.O. Box 476  
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☒ Delete  
NAME BURGNER, MELODY  
STREET ADDRESS 12508 LAKE RIDGE CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Delete  
NAME LAW, JULIA R  
STREET ADDRESS 250 SOUTH MAIN AVENUE  
CITY-ST-ZIP GROVELAND FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARY SHALLEY  
STREET ADDRESS 158 CYPRESS VIEW LANE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE VICE PRES. ☐ Change ☒ Addition  
NAME GEORGE A. SHALLEY  
STREET ADDRESS 158 CYPRESS VIEW LANE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE TREAS. ☐ Change ☒ Addition  
NAME JAMES BAUMAN  
STREET ADDRESS 1166 38TH ST.  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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

4/4/04  
Date

352-250-7486  
Daytime Phone #