2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State
05-09-2007 90102 023 ****61.25

DOCUMENT # N05000002759

1. Entity Name
GREAT HONOR HOUSE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2573 SANFORD, FL 32772-2573	P.O. BOX 2573 SANFORD, FL 32772-2573

66019023

05032007 Chg-NP CR2E037 (12/06)

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

4. FEI Number
75-3160252
☐ 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
~~DUNCAN, SAMUEL~~ ~~1705 BRISSON AVE~~ ~~SANFORD, FL 32771~~	Name: Nena Donaldson Street Address (P.O. Box Number is Not Acceptable) 10756 Ironstone Drive City: N. Jacksonville FL Zip Code: 32246

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: *Nena Donaldson ×NENA DONALDSON *5-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED DUNCAN, SAMUEL 1705 BRISSON AVE SANFORD, FL 32771	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SALLAS, ANITA M 400 W. AIRPORT BLVD SANFORD, FL 32773	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~[illegible]~~ Phillando Duncan 1103 LAKE JENNIE DR SANFORD, FL 32771	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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: Samuel Duncan Exe Director 05/3/07 407-474-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #