


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 039 *****61.25

DOCUMENT # N05000004793					
1. Entity Name YOUR GREATEST FAN, INC.					
Principal Place of Business 5334 CENTRAL FLORIDA PARKWAY SUITE 270 ORLANDO, FL 32821 US			Mailing Address P.O. BOX 62001 ORLANDO, FL 32862-0011 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	4. FEI Number 20-2812432	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETELLIS, TIMOTHY 5334 CENTRAL FLORIDA PARKWAY SUITE 270 ORLANDO, FL 32821			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME DETELLIS, TIMOTHY		<input type="checkbox"/> Delete		
STREET ADDRESS 5334 CENTRAL FLORIDA PARKWAY #270	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP ORLANDO, FL 32821					
TITLE D	NAME ALONSO, RANDY		<input type="checkbox"/> Delete		
STREET ADDRESS 1470 BARTON BOULEVARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP ROCKLEDGE, FL 32955					
TITLE D	NAME CANGRO, RON		<input type="checkbox"/> Delete		
STREET ADDRESS 2626 WINDSOR HILL DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP WINDERMERE, FL 34786					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-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 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:		TIMOTHY DETELLIS		5/1/2007 407801072	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	