

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2007 8:00 am  
Secretary of State**

05-01-2007 90008 020 \*\*\*\*61.25

<b>DOCUMENT # N06000006996</b>					
1. Entity Name <b>GREAT AMERICAN VISIONS ENTERPRISES, INC.</b>					
Principal Place of Business <b>14713 NW 270 AVE. ALACHUA, FL 32616</b>		Mailing Address <b>P.O. BOX 1754 ALACHUA, FL 32616</b>			
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			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HALL, CLYDE E 14713 NW 270 AVE. BLAND COMMUNITY ALACHUA, FL 32616</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when renewing) <b>DATE</b>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>D</b> NAME <b>HALL, CLYDE E</b> STREET ADDRESS <b>14713 NW 270 AVE. ALACHUA, FL 32616</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> NAME <b>HALL, THELMA</b> STREET ADDRESS <b>14713 NW 270 AVE. ALACHUA, FL 32616</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> NAME <b>HALL, CLYDE E SERGENT</b> STREET ADDRESS <b>27 BLACKWELL ST. FT. RUCKER, AL 36382</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> NAME <b>HARRIS, ELLIOT</b> STREET ADDRESS <b>P.O. BOX 2243 HIGH SPRINGS, FL 32655</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 empowerments.					



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>30 036 6522</b>	Applied For <input type="checkbox"/>
	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
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25  
Due by May 1, 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 <b>D</b> NAME <b>HALL, CLYDE E</b> STREET ADDRESS <b>14713 NW 270 AVE. ALACHUA, FL 32616</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>HALL, THELMA</b> STREET ADDRESS <b>14713 NW 270 AVE. ALACHUA, FL 32616</b> 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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*Clyde E. Hall*

*48307 3864180583*