


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 039 *****70.00

DOCUMENT # N18006 1. Entity Name GREAT EXPLORATIONS, INC.					
Principal Place of Business 1925 4TH STREET NORTH SAINT PETERSBURG, FL 33704			Mailing Address 1925 4TH STREET NORTH SAINT PETERSBURG, FL 33704		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2763359	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEAIRSTO, MURRAY 1925 4TH STREET NORTH SAINT PETERSBURG, FL 33704				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DS BREEN, MICHELLE 425 22ND AVE N. SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Heller, Dr. H. William 960 Waterlily Court NE St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODIS, JEFFREY 333 3RD AVE. N., 4TH FLOOR SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goodis, Jeffrey P.O. Box 90 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GATES, DOUG 1 PROGRESS PLAZA, STE. 165 SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herdegen, Eva One Beach Drive SE, Suite 210 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLWEISS, JANET 8064 13TH AVENUE SOUTH SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allweiss, Janet 913 31st Terr. NE St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKEON, KEVIN 655 16 AVE NE SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Houghton, Beth 3637 4th Street North, #395 St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETT, DAVID P.O. BOX 429 SAINT PETERSBURG, FL 33731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
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: <i>Murray Beairsto</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>2-16-05</i> Daytime Phone #					

50021306



01312005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2763359

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

FL

Zip Code

ATTACHMENT

#N18006
50021306

11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

D
BYRNES, GENTRY
200 CENTRAL AVENUE, SUITE 300
ST. PETERSBURG, FL 33701

D
MATTERN, GEORGIA
421 SNELL ISLE BLVD.
ST. PETERSBURG, FL 33704

D
TOMALIN, KANIKA
BAYFRONT MEDICAL CENTER
701 6TH STREET SOUTH
ST. PETERSBURG, FL 33701

DT
BAILEY, DIANE
1 PROGRESS PLAZA, SUITE 2200
ST. PETERSBURG, FL 33701

DS
DAVIS, CHRIS
P.O. BOX 76466
ST. PETERSBURG, FL 33734

D
CREIGNOU, CHRISTIN
134 RIVIERA WAY NE
ST. PETERSBURG, FL 33704