## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003731

Entity Name: GREAT, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2707 WEST WILDER AVE. TAMPA, FL 336146843 US							
Current Mailing Address:				New Mailing Address:			
PO B O X 152407 TAMPA, FL 336842407 US							
FEI Number:	59-3238702	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status	s Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of N	lew Registered A	gent:	
HARDY, DAVID 20500 COT ROAD #550 LUTZ, FL 335588383 US				HARDY, DAVID TREAS. 23549 WOODGLEN AVENUE LAND O' LAKES, FL 346394828 US			
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.							
SIGNATURE: DAVID HARDY				01/15/2009			
Electronic Signature of Registered Agent Date							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E FAIRCLOTH, KEL 2707 W WILDER TAMPA, FL 3361	AVE.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () E HARDY, DAVID 20500 COT ROAI LUTZ, FL 33558			Title: Name: Address: City-St-Zip:	HARDY, DAVID 23549 WOODG	Change ( ) Addition LEN AVENUE S, FL 346394828 US	
Title: Name: Address: City-St-Zip:	VD () C CHILTON, CARO 4317 LA VERA C TAMPA, FL 3361	Т		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HODGES, BRENI 4017 QUEEN SR			Title: Name: Address: City-St-Zip:	HODGES, BREI 4017 QUEEN S		5 US
Title: Name: Address: City-St-Zip:	D () E LYNCH, ELIZABE 1203 E. 162 AVE TAMPA, FL 3354			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	POWERS, KARE 1452 NOELL BLV			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HARDY T 01/15/2009