2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044156

1. Entity Name

GREAT SOUTHERN INVESTMENTS & ASSET MANAGEMENT CORPORATION



Principal Place of Business

3600 N W 43RD STREET

SUITE C-1

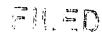
GAINESVILLE, FL 32606

Mailing Address

3600 N W 43RD STREET

SUITE C-1

GAINESVILLE, FL 32606



06 MAY -9 AM !!: 16

SECHETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

KISSEL, WALDEMAR JR. 3600 N W 43RD STREET SUITE C-1 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

No Chg-P

O. III. 2001.222, 1. 2. 02000					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable)				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISSEL, WALDEMAR JR. 3600 N W 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				80 05/16	00074666858 /0601033017 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 607, 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

352-373-3979 Daysime Phone #