


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000076898	
<b>1. Entity Name</b> GREAT ENCOUNTERS, INC.	

<b>Principal Place of Business</b> 141751 ICOT BLVD SUITE 100 CLEARWATER, FL 33760	<b>Mailing Address</b> 141751 ICOT BLVD SUITE 100 CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3739461	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

REDMOND, JOHN C  
141751 ICOT BLVD SUITE 100  
CLEARWATER, FL 33760

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IN THIS SPACE

**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** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000021627 01/30/04-80011-024 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, DANIEL P 14175 ICOT BLVD. SUITE 100 CLEARWATER, FL 33760
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S REDMOND, JOHN C 14175 ICOT BLVD. SUITE 100 CLEARWATER, FL 33760
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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**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 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:**  **Daniel Johnson** 1/30/04 727 5243900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #