


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90091 010 ***150.00

DOCUMENT # P02000014829			
1. Entity Name GREAT AMERICAN ENTERPRISES, INC.			
Principal Place of Business 1870 CLAYTON CT FORT MYERS FL 33907		Mailing Address 1870 CLAYTON CT FORT MYERS FL 33907	
2. Principal Place of Business 1870 CLAYTON CT Suite, Apt. #, etc.		3. Mailing Address 1870 CLAYTON CT Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State FT. MYERS FL	
Zip 33907	Country LEE	Zip 33907	Country LEE
4. FEI Number 02-0542710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIANI, HELEN M 1870 CLAYTON CT FORT MYERS FL 33907		7. Name and Address of New Registered Agent Name HELEN M CASSIANI Street Address (P.O. Box Number is Not Acceptable) 18101 CUTLASS DR FT MYERS BEACH City FL Zip Code 33931	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIANI, HELEN M 1870 CLAYTON CT FORT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIANI, DANIEL R 1870 CLAYTON CT FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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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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 R Cassiani V.P. Trust		Date 1-26-04 Daytime Phone # 239-931-3655	

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MOORE CR2E034 (11/03)