

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014829

1. Entity Name

GREAT AMERICAN ENTERPRISES, INC.



Principal Place of Business

13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903
US

Mailing Address

13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-0542710

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSIANI, HELEN M
13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

JAMES BARRON

THRES.

3-2-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CASSIANI, HELEN M
CITY-ST-ZIP 13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903

TITLE ☐ Delete
NAME D
STREET ADDRESS CASSIANI, DANIEL R
CITY-ST-ZIP 13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903

TITLE ☐ Delete
NAME O
STREET ADDRESS BARRON, JAMES
CITY-ST-ZIP 13971 N. CLEVELAND AVE. #14
NORTH FT. MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add
000000456264
03/16/06-80022-002 150.00

☐ Change ☐ Add

☐ Change ☐ Add

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☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

3-2-06