



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90009 024 \*\*\*150.00

<b>DOCUMENT # P02000032340</b> 1. Entity Name <b>GREAT AMERICAN PRODUCTIONS, INC.</b>					
Principal Place of Business <b>769 E IRELAND CT. HERNANDO, FL 34442</b>			Mailing Address <b>769 E IRELAND CT HERNANDO, FL 34442</b>		
2. Principal Place of Business <b>769 E IRELAND CT</b>		3. Mailing Address <b>769 E IRELAND CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>04-3641197</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MASCARELLI, ROBERT P. 769 E IRELAND CT HERNANDO, FL 34442</b>			7. Name and Address of New Registered Agent Name <b>RONA L. KOHLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>769 E IRELAND CT</b> City <b>HERNANDO</b> FL Zip Code <b>34442</b>		
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 <u><i>Rona L Kohler</i></u> <b>RONA L. KOHLER TREASURER</b> DATE <b>7/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KOHLER, JESSE M 769 E. IRELAND CT HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MASCARELLI, ROBERT 769 E. IRELAND CT HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MASCARELLI, GLORIA 769 E. IRELAND CT HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KOHLER, RONA LEE 769 E. IRELAND CT HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Rona L Kohler</i></u> <b>RONA L. KOHLER, TREAS.</b> <b>7/30/04</b> <b>352-527-6666</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					