## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: RONA RIGNATURE AL

## **Secretary of State** DOCUMENT # P02000032340 01-27-2005 90044 047 \*\*\*150.00 GREAT AMERICAN PRODUCTIONS, INC. Principal Place of Business Mailing Address 40007303 769 E IRELAND CT 769 E IRELAND CT HERNANDO, FL 34442 HERNANDO, FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-3641197 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOHLER, RONA L 769 E IRELAND CT Street Address (P.O. Box Number is Not Acceptable) HERNANDO, FL 34442 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition Delete NAME KOHLER, JESSE M NAME 769 E IRELAND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE. MASCARRULI, ROBERT MASCARELLI, ROBERT NAME 9305 ASHLEY Prive 769 E IRELAND CT STREET ADDRESS STREET ADDRESS Weeki WACHEE, FL 34613 CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MASCARELLI, GLORIA MASCARELLI, GLORIA NAME NAME 9305 ASHLEY Drive STREET ADDRESS 769 E. IRELAND CT STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CHY:SI-7P WEEKI WACHEE, FL 34613. TITLE ☐ Defete TITLE ☐ Change ☐ Addition KOHLER, RONA LEE NAME NAME STREET ADDRESS 769 E. IRELAND CT STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Jan 27, 2005 8:00 am