

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90037 014 ***150.00

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1. Entity Name

GREAT NORTH ROAD AMERICA INC



Principal Place of Business

**7967 SE HEMPSTEAD CIR
HOBE SOUND, FL 33455**

Mailing Address

**7967 SE HEMPSTEAD CIR
HOBE SOUND, FL 33455**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number

47-0899620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLANCHARD, RONALD
7967 SE HEMPSTEAD CIR
HOBE SOUND, FL 33455**

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

BLANCHARD, RONALD

STREET ADDRESS

7967 SE HEMPSTEAD CIR

CITY-ST-ZIP

HOBE SOUND, FL 33455

TITLE

D

NAME

ORR, ROBERT

STREET ADDRESS

7967 SE HEMPSTEAD CIR

CITY-ST-ZIP

HOBE SOUND, FL 33455

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Blanchard

Date

Mar 6/06

Daytime Phone #

(772) 545-2509