2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 25, 2008 8:00 am DOCUMENT # P03000073255 Secretary of State 1. Entity Name 02-25-2008 90062 048 ***150.00 GREAT CLUBS, INC. Principal Place of Business Mailing Address 8026 CHADWICK DRIVE 8026 CHADWICK DRIVE NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 554 CHAPARLAL L 5511 CHAPAKKAL Suite, Apt. #. etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0895129 HOHDAT HOLLDAY Not Applicable 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 Name MET 2 ERICH R Street Address (P.O. Box Number is Not Acceptable) 554 CHAPARAL LANK -METZ,-ERICH-R 8026 CHADWICK DRIVE **NEW PORT RICHEY FL 34654** HOL MAY 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. ent and the Tharphoadie. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE NAME METZ, ERICH R MAME STREET ADDRESS 8026 CHADWICK DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34654 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered, if changed, or on an attachment with an address, with all accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be 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 attachmed

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