


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>P03000073255</b>	
1. Entity Name <b>Great Clubs, Inc.</b>	

FILED

11 MAY 16 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # <b>5511 CHAPARRAL LANE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HOLIDAY FL</b>		City & State <b>SAME</b>	
Zip <b>34690</b>	Country <b>USA</b>	Zip	Country

CR2E034B (1/11)

**DO NOT WRITE IN THIS SPACE**

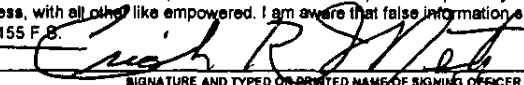
4. FEI Number <b>200895129</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <b>ERICH R METZ</b>		
Street Address (P.O. Box Number in Block 7) <b>5511 CHAPARRAL LANE</b>		
City & State <b>HOLIDAY FL</b>		Zip Code <b>34690</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 		DATE <b>5/10/11</b>
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$650.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		E-mail Address: <b>emetz55@YAHOO.COM</b> E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT ERICH METZ / NEW PORT RICH 7521 CUMBER DR / FL 34653</b>
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

100207325241  
05/06/11 01041-018 \*\*\*150:00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: 	DATE <b>5/10/11</b> 727-484-0587 Daytime Phone #

5/16/11