

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102575

FILED
Apr 13, 2009
Secretary of State

Entity Name: GREAT LAKES MANAGEMENT CORP.

Current Principal Place of Business:

630 CHESTNUT ST
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

630 CHESTNUT ST
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-0150790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, LYNN
630 CHESTNUT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MCCOMAS, DAVID
Address: 3797 PRESIDENTIAL CT
City-St-Zip: PALM HARBOR, FL 34685

Title: V,D () Delete
Name: SUAREZ, ROBERT
Address: 2445 W. NORTHWEST HIGHWAY, SUITE 108
City-St-Zip: DALLAS, TX 75220

Title: D () Delete
Name: SUAREZ, ELIZABETH
Address: 2445 W. NORTHWEST HIGHWAY, SUITE 108
City-St-Zip: DALLAS, TX 75220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V,D (X) Change () Addition
Name: SUAREZ, ROBERT
Address: 1611 N. I-135 E., SUITE 222
City-St-Zip: CARROLLTON, TX 75006

Title: D (X) Change () Addition
Name: SUAREZ, ELIZABETH
Address: 1611 N. I-135 E., SUITE 222
City-St-Zip: CARROLLTON, TX 75006

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCCOMAS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date