2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90086 008 ***150.00

DOCUMENT # P05000100783

1. Entity Name
GREAT AMERICAN REALTY & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
109 N APOPKA AVENUE INVERNESS, FL 34450	109 N APOPKA AVENUE INVERNESS, FL 34450

4U164...

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 W. Main Street	111 W. Main Street
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State: Inverness FL	City & State: Inverness FL
Zip: 34450 Country: US	Zip: 34450 Country: US

06302007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3183007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, COHEN & JONES, C.P.A.'S, P.A.
441 NE 1ST ST.
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name: Bottom Line Bookkeeping & Tax Service
Street Address (P.O. Box Number is Not Acceptable): 111 W. Main Street
Suite 207
City: Inverness FL Zip Code: 34450

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: R.A. Cohen
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REGAN, DAWN E		NAME	
STREET ADDRESS	9307 E CRESCENT DR		STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 all other like empowered.

SIGNATURE: Dawn E Regan 7/1/07 352-637-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #