


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 014 ***150.00

DOCUMENT # P05000103937	
1. Entity Name GREAT ADVICE, INC.	

Principal Place of Business PO BOX 101373 CAPE CORAL, FL 33910 US	Mailing Address PO BOX 101373 CAPE CORAL, FL 33910 US
---	---

2. Principal Place of Business - No P.O. Box # 13900 CR 455 Suite, Apt. #, etc. Unit 107-322 City & State Clermont, FL Zip 34711 Country USA	3. Mailing Address 13900 CR 455 Suite, Apt. #, etc. Unit 107-322 City & State Clermont, FL Zip 34711 Country USA
---	---



05302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3210658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF S FL IN 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33919	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P DUVALL, TONNA PO BOX 101373 CAPE CORAL, FL 33910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Duvall, Tonna 13900 CR 455 Unit 107-322 Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUVALL, JOHN PO BOX 101373 FORT MYERS, FL 33910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Duvall, John 13900 CR 455 Unit 107-322 Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tonna Duvall - Tonna Duvall 6-4-07 (239) 826-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #