

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90015 032 \*\*\*150.00

**DOCUMENT # P06000103916**

1. Entity Name  
**GREAT SOUTHERN SEMINARS, INC.**



Principal Place of Business  
**11879 KING JAMES COURT  
CAPE CORAL, FL 33991**

Mailing Address  
**ROBERT D. ROYSTON, JR  
P.O. DRAWER 60205  
FORT MYERS, FL 33906**

4000000000



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906**

01182008

Chg-P

CR2E034 (12/06)

City & State

4. FEI Number  
**20-5352756**

Applied For  
Not Applicable

Zip

Country

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

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR  
12670 NEW BRITTANY BLVD  
SUITE 101  
FORT MYERS, FL 33907**

Name

Street Address

City

7. Name and Address of New Registered Agent

**JOHN M. WICKER, P.A.  
12670 NEW BRITTANY BLVD., STE 101  
FORT MYERS, FL 33907**

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, and accepts the obligations of registered agent.

SIGNATURE

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WINSTON, STUART**  
STREET ADDRESS **11879 KING JAMES COURT**  
CITY- ST- ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Stuart Winston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/2008**

**239-887-1367**  
Date Secretary Phone #