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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000086871		
1. Entity Name GREAT POTPOURRI, INC.		

Principal Place of Business 1311 E. SECOND ST SANFORD, FL 32771	Mailing Address 1311 E. SECOND ST 1982 SR 44 SANFORD, FL 32771
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARTSOCK, HAROLD 1311 E. SECOND ST SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
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 _____
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, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, EOGHAN 601 W SEMINOLE BLVD SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSOCK, HAROLD G 1311 E 2ND ST SANFORD, FL 32771
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03/18/05-80072-006 50.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 207, 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: Eoghan N Kelley  407 322 6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #