

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071498

FILED
Mar 26, 2008
Secretary of State

Entity Name: THE GREAT ATLANTIC REGION, INC.

Current Principal Place of Business:

1760 SHADOWOOD LANE
408
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1760 SHADOWOOD LANE
408
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3468388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, MARVIN E
1760 SHADOWOOD LANE
408
JACKSONVILLE, FL 32207 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: DPT () Delete
Name: MCKINNEY, MARVIN
Address: 628 W SURF SPRAY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VS () Delete
Name: MCKINNEY, SUE ANN
Address: 628 W SURF SPRAY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: MCKINNEY, MATTHEW R
Address: 1428 SAN MATEO AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: MOODY, WILLIAM J
Address: 16113 SAWPIT RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARVIN E. MCKINNEY

DPT

03/26/2008

Electronic Signature of Signing Officer or Director

_____ Date