

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90284 001 \*\*\*476.25

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01052006 No Chg-P CR2E034 (11/05)

**DOCUMENT # V07844**  
 1. Entity Name  
 GREAT AMERICAN REALTY OF TAMPA, INC.



Principal Place of Business      Mailing Address  
 5219 EHRlich RD      5219 EHRlich RD - EHRlich ROAD  
 STE A      STE A  
 TAMPA, FL 33624 US      TAMPA, FL 33624 US

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3099603	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LETO, FRANK S.  
 5219 EHRlich ROAD EHRlich ROAD  
 SUITE 204-A A  
 TAMPA, FL 33624

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVST LETO, FRANK S. 5219 EHRlich RD STE A TAMPA, FL
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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:** FRANK S. LETO 1-9-06 813-961-9661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #