

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009926

FILED
Jan 22, 2008
Secretary of State

Entity Name: MAIN STREET ZEPHYRHILLS PROMOTIONS, INC.

Current Principal Place of Business:

5224 SEVENTH STREET
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

5224 SEVENTH STREET
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 65-1213461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCHER, BRENDA S
5224 SEVENTH STREET
ZEPHYRHILLS, FL 33542 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHEELER, TAD
Address: 14126 N. HWY 301
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: KING, GINA
Address: 39028 SIXTH AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD () Delete
Name: PRENDERVILLE, SUE
Address: 4730 WHITE BAY CIR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: WEAVER, JANICE E
Address: 18016 ARBOR CREST DRIVE
City-St-Zip: TAMPA, FL 33687

Title: D () Delete
Name: STRAWBRIDGE, JANE
Address: 30434 LETTINGWELL CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: HATRICK, GARY
Address: 5510 12TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAD WHEELER

PD

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date