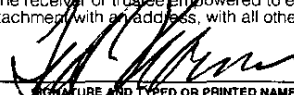


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90436 001 ****70.00

DOCUMENT # N14029 1. Entity Name GREATER NEW PORT RICHEY MAIN STREET, INC.					
Principal Place of Business 6231 GRAND BLVD NEW PORT RICHEY, FL 34652 US			Mailing Address 6231 GRAND BLVD NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2684075	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, MATTHEW A CPA 5940 MAIN ST NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POTTER, MATTHEW 5940 MAIN ST NEW PT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. POTTER, MATT HEW 5940 MAIN STREET NEW PORT RICHEY FL 3465Y	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, BRUCE 6216 GRAND BLVD NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FREY, BRUCE 6216 GRAND BLVD new Port Richey, FL 3465Y	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, TED 5417 MAIN ST. NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. THOMAS, TED 6035 GRAND BLVD Newport Richey, FL 3465Y	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DELUCA, JOE 6231 GRAND BLVD NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHALES, LARRY 5320 MAIN STREET New Port Richey, FL 3465Y	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BAILEY, ELIZABETH 7101 GREEN STREET New Port Richey, FL 3465Y	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BAILEY, ELIZABETH 7101 GREEN STREET New Port Richey, FL 3465Y	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  TED THOMAS 4/30/2004 (727) 848-8930					