


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90117 010 \*\*\*\*70.00

<b>DOCUMENT # N93000003769</b>					
1. Entity Name MAIN STREET ZEPHYRHILLS, INC.					
Principal Place of Business 5524 7TH STREET ZEPHYRHILLS, FL 33542 US		Mailing Address 5524 7TH STREET ZEPHYRHILLS, FL 33542 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3192201	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAIG, CYNTHIA M 5224 7TH STREET ZEPHYRHILLS, FL 33542			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, TERRY		NAME	CHAUNCEY, TRINA	
STREET ADDRESS	4622 GALL BLVD		STREET ADDRESS	38434 5th AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHON, ALICE		NAME	SCHWAB, Sheri	
STREET ADDRESS	38420 5TH AVENUE		STREET ADDRESS	5301 BERNADETTE DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BEVERLY		NAME	LINVILLE, TERRY	
STREET ADDRESS	39068 CITADEL CIRCLE		STREET ADDRESS	4622 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, JOHN		NAME	WALKER, DEBI	
STREET ADDRESS	5315 8TH STREET		STREET ADDRESS	38426 6th AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BEVERLY		NAME	JONES, BEVERLY	
STREET ADDRESS	39068 CITADEL CIRCLE		STREET ADDRESS	5325 8th St	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, JOHN		NAME	VANDE BERG, TODD	
STREET ADDRESS	5315 8TH STREET		STREET ADDRESS	5325 8th St	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
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: <i>Trina Chauncey</i>			Date: 7/04		Daytime Phone #: 782-2415
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					