2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005131

1. Entity Name
MAIN STREET VERO BEACH, INC.

Principal Place of Business	Mailing Address
PO BOX 6253 VERO BEACH, FL 32961 US	PO BOX 6253 VERO BCH., FL 32961-6253

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03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0446755
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEILER, JOHN C TRES.
2085 S. PORPOISE PT. LN.
VERO BEACH, FL 32963

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UI00A00475300
04/05/06-80010-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	JONES, PETER
STREET ADDRESS	2145 14TH AVE., STE 24
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VP
NAME	TORRES, TERRY
STREET ADDRESS	847 20TH PLACE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	TRES
NAME	KEILER, JOHN
STREET ADDRESS	2085 S. PORPOISE PT. LN.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	SECT
NAME	MILLS, PATTI
STREET ADDRESS	2546 FAIRWAY DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 3/15/06 (772)778-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOHN C. KEILER