


FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000024435
 1. Entity Name
 MAIN STREET TITLE AND ESCROW, INC.



Principal Place of Business Mailing Address
 3300 UNIVERSITY DRIVE #210 3300 UNIVERSITY DRIVE #210
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0823612 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SICKLES, BARRY M ESQ
 3300 UNIVERSITY DRIVE #210
 CORAL SPRINGS, FL 33065

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD SICKLES, BARRY M 3300 UNIVERSITY DR. CORAL SPGS, FL 33065
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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 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: Barry M Sickles, President Date: 4-29-04 De/vice Name: 914 255 9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De/vice Name #