


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N11098 1. Entry Name SEBRING MAIN STREET, INC.	
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Principal Place of Business 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING, FL 33871-1243	Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING, FL 33871-1243
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2626645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOMMER, NICHOLAS G.
 329 S. COMMERCE AVENUE
 SEBRING, FL 33870

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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 use if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000044656
 02/11/04-80030-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD PELLA, PATRICIA S 136 S. RIDGEWOOD DR. SEBRING, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D CROWDER, CRAIG 228 N. RIDGEWOOD DR. SEBRING, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CLARK, JOHN 327 SE LAKEVIEW DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY ST ZIP	D NICHOLS, GARY 2824 US 27 SOUTH SEBRING, FL 33870
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 exemption stated in Section 119.07(3)(c), 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: Patricia S. Pella **PATRICIA S. PELLA** 2-04-04 863-382-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #