## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003408

Entity Name: MAIN STREET INSURANCE GROUP, INC.

**Current Principal Place of Business:** 

123 EAST MAIN ST FOREST CITY. NC 28043

**Current Mailing Address:** 

123 EAST MAIN ST

FOREST CITY. NC 28043 US

FEI Number: 56-2185489 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 21, 2023

**Secretary of State** 

1287239671CC

Officer/Director Detail:

Title PRESIDENT, DIRECTOR

Name FLACK, CHARLES Z III
Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR

Name KATZMAN, CRAIG

Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR

Name FRAZIER, MATTHEW THOMAS

Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR

Name FLACK, CHARLES Z IV
Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR

Name FLACK, THOMAS C
Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title BOARD CHAIRMAN
Name SWIMMER, DAVID A
Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR, SECRETARY.

TREASURER

Name BRADY, STEPHEN H

Address 123 EAST MAIN ST

City-State-Zip: FOREST CITY NC 28043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES Z. FLACK III

**PRESIDENT** 

02/21/2023

Electronic Signature of Signing Officer/Director Detail

Date