

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-13-2004 90006 044 ***150.00

DOCUMENT # 836964					
1. Entity Name MAIN STREET MANAGEMENT COMPANY					
Principal Place of Business 101 BARNES RD SUITE 104 WALLINGFORD, CT 06492			Mailing Address PO BOX 5850 WALLINGFORD, CT 06492		
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 06-0811437	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HERR, JOHN M., SR. 2470 ISLAND DR. SARASOTA, FL 34242				7. Name and Address of New Registered Agent JAMES R. FISCHER 2470 ISLAND DR LONGWOOD, FL 32779	
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: ON FILE PER 2003 UBR (NOTE: Registered Agent signature required when remaining) DATE: 2/19/04					
FILE NOW IN 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HOLDEN, DEBORAH H. 9 FAIRLAWN DRIVE WALLINGFORD, CT	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOLDEN, DEBORAH H 9 FAIRLAWN DR. WALLINGFORD, CT 06492	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FISCHER, JAMES R 2470 ISLAND DR. LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HUGO, MARK E 120 POND HILL RD WALLINGFORD, CT 06492	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ENDORF, DOUG 72 PETERSON ROAD GRANBY, CT 06035	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP PRIMMER, ROBERT 47 WYNGATE SIMSBURY, CT 06070	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Hugo 2/19/04 203-265-9778 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

00400400



02092004 Chg-P CR2E034 (10/03)