## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # H82159 01-19-2007 90033 049 \*\*\*150.00 1. Entity Name MAIN STREET ASSOCIATES, INC. Principal Place of Business Mailing Address **401 MAIN STREET 401 MAIN STREET** STE B STE 8 WINDERMERE, FL 34786-7528 US WINDERMERE, FL 34786-7528 US CR2E034 (11/05) 01092007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2592786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent a addition to a BLACK, JUDY DO NOT WRITE **401 MAIN STREET** STE B IN THIS SPACE WINDERMERE, FL 34786 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, type DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLACK, JUDY NAME STREET ADDRESS **401 MAIN STREET STE B** CITY-ST-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS CITY-ST-70 NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 807, 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.

**FILED**