2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-08-2004 90053 001 ***600.00

DOCUMENT # K44276

1. Entity Name
THE MAIN WEST, INC.

66406393

Principal Place of Business	Mailing Address
% JOHN J. NAUMANN 1149 PERWINKLE WAY SANIBEL, FL 33957-4701	% JOHN J. NAUMANN 1149 PERWINKLE WAY SANIBEL, FL 33957-4701

02022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
% John J. Naumann		% John J. Naumann	
Suite, Apt. #, etc. 15750 Waite Island Dr.		Suite, Apt. #, etc. 15750 Waite Island Dr.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33908	Country USA	Zip 33908	Country USA

4. FEI Number 65-0099987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAUMANN, JOHN J.
1149 PERWINKLE WAY
SANIBEL, FL

7. Name and Address of New Registered Agent

Name: Naumann, John J.
Street Address (P.O. Box Number is Not Acceptable): 15750 Waite Island Dr.
City: Ft. Myers FL Zip Code 33908

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NAUMMANN, JOHN J. 1149 PERWINKLE WAY SANIBEL, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAUMANN, JOHN J. 15750 WAITE ISLAND DR. FT. MYERS, FL 33908	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUMMANN, JOHN J. 1149 PERWINKLE WAY SANIBEL, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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: John Naumann 2-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #