

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001603

FILED
Feb 13, 2009
Secretary of State

Entity Name: PALATKA MAIN STREET, INC.

Current Principal Place of Business:

1100 REID STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 550
PALATKA, FL 32178

New Mailing Address:

FEI Number: 54-2139342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON, REID
1100 REID STREET
PALATKA, FL 32178 US

Name and Address of New Registered Agent:

LARSON, CHARLES W
1100 REID STREET
PALATKA, FL 32178 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: CHARLES W. LARSON

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MYERS, VERNON
Address: 1419 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: PP () Delete
Name: PRITCHETT, LARRY
Address: 312 OAK ST
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: EAKEN, HARRY
Address: 131 WEST ST JOHNS TERR
City-St-Zip: EAST PALATKA, FL 32131

Title: TD () Delete
Name: STARR, RUSTY
Address: 1825 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: PAYNE, BOBBY
Address: 890 HIGHWAY 17 N.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: HODGE, JOHN
Address: 1309 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWNING, JOHN
Address: 480 SOUTH HIGHWAY 17
City-St-Zip: SAN MATEO, FL 32187

Title: PP (X) Change () Addition
Name: DOUGLAS, TAYLOR
Address: 113 ARDEN STREET
City-St-Zip: PALATKA, FL 32177

Title: S (X) Change () Addition
Name: LINTON, JULIE
Address: 280 HEIDT ROAD
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. LARSON

RA

02/13/2009

Electronic Signature of Signing Officer or Director

Date