


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 004 \*\*\*\*61.25

<b>DOCUMENT # N06385</b> 1. Entity Name <b>MAIN STREET BARTOW, INCORPORATED</b>					
Principal Place of Business <b>160 E SUMMERLIN ST SUITE 208 BARTOW FL 33830 US</b>			Mailing Address <b>P O BOX 1351 BARTOW FL 33831 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2618876</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DUANE, JAMES O 160 E SUMMERLIN ST SUITE 208 BARTOW FL 33830</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BREWER, DAVID</b>		NAME		
STREET ADDRESS	<b>1510 N. PARK AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCLAUGHLIN, MISSY</b>		NAME		
STREET ADDRESS	<b>365 E. MAIN ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANSON, SUE</b>		NAME		
STREET ADDRESS	<b>135 S CENTRAL AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STILLEY, KATHRYN</b>		NAME		
STREET ADDRESS	<b>600 N BROADWAY AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BLENK, PAUL</b>		NAME	<b>Hynes, Jamie</b>	
STREET ADDRESS	<b>190 E DAVIDSON ST</b>		STREET ADDRESS	<b>195 S. Central Ave.</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP	<b>Bartow FL 33830</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DANIELS, JENNIFER</b>		NAME		
STREET ADDRESS	<b>1470 US HWY. 17 S.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARTOW FL 33830</b>		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:** *Sue Hanson*      Sue Hanson, Pres.    4/25/06    863-533-1365

ATTACHMENT

40081173  
#N06385

D

Lewis, Clifton  
790 Waldon Ave.  
Bartow, FL 33830

D

Robertson-Burnett, George  
555 E. Stanford St.  
Bartow, FL 33830

D

Wade, Dawn  
190 S. Florida Ave.  
Bartow, FL 33830

D

Walkup, Tom  
1550 Harbor Way  
Bartow, FL 33830