


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N11098 1. Entity Name SEBRING MAIN STREET, INC.			
Principal Place of Business 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING, FL 33871-1243		Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING, FL 33871-1243	
DO NOT WRITE IN THIS SPACE			
 01082004 No Chg-NP CR2E037 (10/03)			
4. FEI Number 59-2626645		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOMMER, NICHOLAS G. 329 S. COMMERCE AVENUE SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000044656 02/11/04-80030-005 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP	TD PELLA, PATRICIA S 136 S. RIDGEWOOD DR. SEBRING, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	D CROWDER, CRAIG 228 N. RIDGEWOOD DR. SEBRING, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CLARK, JOHN 327 SE LAKEVIEW DRIVE SEBRING, FL 33870		
TITLE NAME STREET ADDRESS CITY ST ZIP	D NICHOLS, GARY 2824 US 27 SOUTH SEBRING, FL 33870		
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  PATRICIA S. PELLA		2-04-04 863-382-2770	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	