

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

REINSTATEMENT 06
FILED
06 NOV -8 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50027

1. Entity Name
MAIN STREET PERRY, INC.



Principal Place of Business
**585 MANGUM CLOSE RD
PERRY, FL 32347 US**

Mailing Address
**PO BOX 2002
PERRY, FL 32348 US**



07172006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3142872

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BREER, RICK
585 MANGUM CLOSE RD
PERRY, FL 32347**

**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 **RICK BREER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-3-06

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, CHRIS RT 1, BOX 96-AA GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREER, RICK 585 MANGUM CLOSE RD PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, CAROL 1900 PENNY LANE PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNMIRE, JESSICA 3309 HWY 19 SOUTH PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTON, VICKY 115 E GREEN ST PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISSNER, BOB 114 W GREEN ST PERRY, FL 32347

800080453978
10/04/06--01023--019 **61.25

800080453978
11/08/06--01020--003 **175.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Rick Breer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-06

Date

Daytime Phone #