2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N93000003129

Entity Name: EUSTIS MAIN STREET, INC.

Current Principal Place of Business:

200 N. BAY STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 164
EUSTIS, FL 327270164 US

New Mailing Address:

FEI Number: 59-3192988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUDD, CHARLES
200 N. BAY STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ROBIN, BETH	
Address:	402 N BAY ST	
City-St-Zip:	EUSTIS, FL 32726 US	
Title:	DT	( ) Delete
Name:	YOWLER, MILDRED	
Address:	216 MAGNOLIA LANE	
City-St-Zip:	EUSTIS, FL 32726 US	
Title:	D	( ) Delete
Name:	FURNAS, GREG	
Address:	11220 LAKE EUSTIS DRIVE	
City-St-Zip:	LEESBURG, FL 34788 US	
Title:	D	( ) Delete
Name:	BAKER, JILL	
Address:	P.O. BOX 1304	
City-St-Zip:	EUSTIS, FL 32727	
Title:	DS	( ) Delete
Name:	PORTER, SUE	
Address:	120 E MAGNOLIA AVE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	DVP	( ) Delete
Name:	KALUS, MATT	
Address:	605 E WASHINGTON AVENUE	
City-St-Zip:	EUSTIS, FL 32726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	RUSSELL, TYVA	
Address:	2710 GRAND ISLAND ROAD	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	(X) Change ( ) Addition
Name:	KOVACH, ROBERT	
Address:	1083 VANDERBILT DRIVE	
City-St-Zip:	EUSTIS, FL 32726	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH ROBIN DP 05/02/2006

Electronic Signature of Signing Officer or Director — Date