

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2007  
Secretary of State**

DOCUMENT# N93000004150

Entity Name: SANFORD MAIN STREET, INC.

**Current Principal Place of Business:**

201 S PARK AVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2262  
SANFORD, FL 32772 US

**New Mailing Address:**

FEI Number: 59-3191854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRCHHOFF, BILL  
2044 HIBISCUS COURT  
SANFORD, FL 32771 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: PD ( ) Delete  
Name: KIRCHHOFF, BILL  
Address: P.O. BOX 2262  
City-St-Zip: SANFORD, FL 32772

Title: SD ( ) Delete  
Name: KONIG, SHARON  
Address: 212 EAST FIRST ST  
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete  
Name: VOLK, BRIAN  
Address: 531 NORTH PALMETTO AVE  
City-St-Zip: SANFORD, FL 32771

**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:

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: BILL KIRCHHOFF

PD

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date