

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004150

FILED
Feb 23, 2008
Secretary of State

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 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

02/23/2008

Electronic Signature of Signing Officer or Director

_____ Date