

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90016 016 ****70.00

DOCUMENT # N95000002111					
1. Entity Name JENSEN BEACH MAIN STREET, INC.					
Principal Place of Business 1930 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US			Mailing Address P.O. BOX 1292 JENSEN BEACH, FL 34958-1292 US		
50058686					
2. Principal Place of Business 1828 Ricon Terrace		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07252005 Chg-NP CR2E037 (10/03)	
City & State Jensen Beach FL		City & State		4. FEI Number 65-0580221	
Zip 34957		Country Martin		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINNER, KAY 1999 NE JENSEN BCH BV JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME PINNER, KAY STREET ADDRESS 1999 NE JENSEN BEACH BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete				
TITLE T NAME GARRIDO, DIANE B STREET ADDRESS 1939 NE JENSEN BEACH BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME BELAUD, FRANK STREET ADDRESS 3181 NE PALMETTO DR. CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete				
TITLE S NAME REGAN, PAT STREET ADDRESS 8 NE BERMUDA ST CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patricia A. Regan Secretary</i> Date: 7/26/2005 Daytime Phone #: 772-3347755					