



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 024 ****70.00

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|---|--|---|---|--|--|
| DOCUMENT # N97000003931 1. Entity Name FORT WALTON BEACH MAIN STREET, INC. | | | |  | |
| Principal Place of Business 12 SE MIRACLE STRIP PKWY STE 102 FT WALTON BEACH, FL 32548 US | | | Mailing Address 12 SE MIRACLE STRIP PKWY STE 102 FT WALTON BEACH, FL 32548 US | | |
| 2. Principal Place of Business Suite Apt. #, etc. 203 A | | 3. Mailing Address Suite Apt. #, etc. 203 A | |  | |
| City & State | | City & State | | 4. FEI Number 59-3474703 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 34 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURKETT, LISA 45 NE BEAL PARKWAY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Deckert 1350 Miracle Strip Parkway Fort Walton Beach FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, FREDDIE 135 PERRY AVE FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REED, DOUG 144 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Dowling 111 Ferry Rd. S.E. Suite A Fort Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHARF, GLEN 34 WALTER MARTIN RD. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WENZEL, VALERIE 201 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ron Shorey 43 Miracle Strip Parkway Fort Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Richard A. Deckert</u> RICHARD A. DECKERT 4/05/05 850 6990060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |