

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001529

FILED
May 02, 2005
Secretary of State

Entity Name: ONE-ELEVEN MAIN STREET CORP.

Current Principal Place of Business:

1113 OHIO AVENUE
NO. 204
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1113 OHIO AVENUE
NO. 204
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3524199 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:

Name and Address of New Registered Agent:

LONG, LAURA
1113 OHIO AVENUE
NO. 204
DUNEDIN, FL 34698 US

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: PSTD () Delete
Name: LONG, LAURA
Address: 1113 OHIO AVENUE, NO. 204
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CASTANEIRA, ALFONSO
Address: 207 NORTH BAY HILLS BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: VIGH, MARILYN
Address: 1813 ECHO POND PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: MILCHANOWSKI, AMY
Address: 9580 52ND WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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: () 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 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 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: LAURA LONG

MS.

05/02/2005

Electronic Signature of Signing Officer or Director

Date