
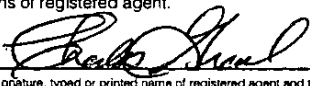
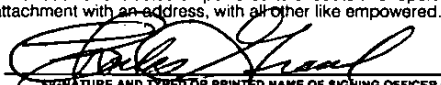


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90234 026 \*\*\*\*70.00

<b>DOCUMENT # N98000007299</b> 1. Entity Name <b>DOWNTOWN LARGO MAIN STREET ASSOCIATION INC.</b>					
Principal Place of Business <b>514 1/2 1ST AVE SW LARGO, FL 33770</b>			Mailing Address <b>PO BOX 2695 LARGO, FL 33779</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3565411</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUNTER, HAROLD 514 1/2 1ST AVE SW LARGO, FL 33770</b>			Name <b>Graul, Charles</b> Street Address (P.O. Box Number is Not Acceptable) <b>514 1/2 1st Avenue SW</b> City <b>Largo</b> FL <b>33770</b>		
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  <b>CHARLES GRAUL</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/19/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUNTER, HAROLD 1270 14TH CT SW LARGO, FL 33770</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Graul Charles 521 Brookfield Drive Largo, FL 33771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ATANASIO, JOHN 1893 DEL ROBLES TERR CLEARWATER, FL 33756</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER Goodenough, George 2840 West Bay Drive Largo, FL 33770</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HAMPSON-WIEST, CORRIE 2190 17TH TERRACE SW LARGO, FL 33774</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP Atanasio, John (PAST PRESIDENT) 1893 Del Robles Terrace Clearwater, FL 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TG STANTON, KEITH 2901 ROSERY ROE LARGO, FL 33771</b>	<input checked="" 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		<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		<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 exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>PRESIDENT / CHARLES GRAUL</b> <b>3/10/06 (727) 518-8442</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					