2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # N9900004724 1. Entity Name OLD PALM HARBOR MAIN STREET, INC.				0.4	1-25-2005 90280	033 ****61	.25	
Principal Place of Business -1219 C FLORIDA AVENUE- PALM HARBOR, FL 34683 US PALM HARBOR, FL 34682-08			- 2-0898 US					
1190 Georgia Ave. 1190 (3. Mailing Address 190 George Suite, Apt. #, etc.	Georgia Ave,			E037 (10/ 03)		
City & Sta	te 1 —	∕Çity & State		04142005 C		· · ·	oplied For	
Palm	Harbor, FL	Palm Harbor	Country	59-368389	95	N	ot Applicable	
3468	33 USA	34683	USA.	5. Certificate of S	tatus Desired 🗍	\$8.75 Add		
6. Name and Address of Current Registered Agent			Name	7. Name and Add	dress of New Register	red Agent		
BLENNER, WALTER W 2708 ALTERNATE 19 NORTH SUITE 701			Street Ade	Street Address (P.O. Box Number is Not Acceptable)				
	RBOR, FL 34683							
			City			FL Zip Cod	le	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or r	registered agent, or both, in	the State of Florida. I	am familiar with,	and accept	
line obliga	ions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Reg	gistered Agent signature	e required when reinstating)	DA	ITE.		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make cl	neck payable tepartment of S		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Campai Trust Fund Contr	ign Financing tribution. C	\$5.00 May Be Added to Fees	Make cl	neck payable to partment of S	tate	
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Thereby 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.

GNATURE:

| Continued a comparation of the certified and 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.

| Continue of the certified as in 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.

| Continue of the certified as the composition of the corporation of SIGNATURE:

Shela J. Priest