



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90019 017 \*\*\*\*61.25

<b>DOCUMENT # N99000006750</b> 1. Entity Name <b>DUNNELLON MAIN STREET, INC.</b>					
Principal Place of Business <b>20170 E. PENNSYLVANIA DUNNELLON, FL 34432</b>			Mailing Address <b>P.O. BOX 1994 DUNNELLON, FL 34430</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01302004    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-3621728</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>POST, WILLIAM A 20702 W. PENNSYLVANIA AVE. DUNNELLON, FL 34432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, DANE <input checked="" type="checkbox"/> Delete 10925 SW 186 CIRCLE DUNNELLON, FL 34432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rountree, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20486 The Granada, Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGERON, JOYCE C <input checked="" type="checkbox"/> Delete 8351 SW 209TH CT RD DUNNELLON, FL 34431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP McCracken, Todd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7824 W Waldron Ct, Dunnellon, FL 34433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, LISA <input type="checkbox"/> Delete 12001 PALMETTO WAY DUNNELLON, FL 34432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kenny, Louise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19970 Ibis Ct, Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRAHE, RANDALL F JR. <input checked="" type="checkbox"/> Delete 5623 W. RIVER BEND RD. DUNNELLON, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kenny, Louise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19970 Ibis Ct, Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRAHE, RANDALL F JR. <input type="checkbox"/> Delete 5623 W. RIVER BEND RD. DUNNELLON, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kenny, Louise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19970 Ibis Ct, Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRAHE, RANDALL F JR. <input type="checkbox"/> Delete 5623 W. RIVER BEND RD. DUNNELLON, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kenny, Louise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19970 Ibis Ct, Dunnellon, FL 34432	
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.					
<b>SIGNATURE:</b> <i>Lisa F. Sheffield</i> <b>LISA F. SHEFFIELD,</b> <b>3-29-04</b> <b>465-6333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					