

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90003 035 ****61.25

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1. Entity Name
DUNNELLO MAIN STREET, INC.

Principal Place of Business
**20170 E. PENNSYLVANIA
DUNNELLO, FL 34432**

Mailing Address
**P.O. BOX 1994
DUNNELLO, FL 34430**

50023416



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-3621728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POST, WILLIAM A
20702 W. PENNSYLVANIA AVE.
DUNNELLO, FL 34432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROUNTREE, THOMAS	
STREET ADDRESS	20486 THE GRANADA	
CITY-ST-ZIP	DUNNELLO, FL 34432	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FINEOUT, DONALD	
STREET ADDRESS	P O BOX 1330	
CITY-ST-ZIP	DUNNELLO, FL 34430	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHEFFIELD, LISA	
STREET ADDRESS	12001 PALMETTO WAY	
CITY-ST-ZIP	DUNNELLO, FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	JHAY, RUSSEL	
STREET ADDRESS	19491 SW 100TH LOOP	
CITY-ST-ZIP	DUNNELLO, FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SHAY, RUSSELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, JERRY	
STREET ADDRESS	20354 E PENN. AVE, SUITE C	
CITY-ST-ZIP	DUNNELLO, FL 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Lisa J. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #