



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 015 ****61.25

DOCUMENT # N99000006750 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">40113</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04282007 Chg-NP CR2E037 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 59-3621728 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent POST, WILLIAM A 20702 W. PENNSYLVANIA AVE. DUNNELLO, FL 34432				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINEOUT, DONALD P O BOX 1330 DUNNELLO, FL 34430	<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	DT SHEFFIELD, LISA 12001 PALMETTO WAY DUNNELLO, FL 34432	<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	D SHAY, RUSSELL 19491 SW 100TH LOOP DUNNELLO, FL 34432	<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	DVP VAUGHN, JERRY 20359 EAST PENN AVE SUITE C DUNNELLO, FL 34432	XXXX Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Cunningham XXXX Change XXXX Addition 9061 SW 190th Ave. RD Dunnellon, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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.					
SIGNATURE: <u>Lisa J. Sheffield, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <u>4-30-07</u> <u>352-4656333</u> </div> <small>Date Daytime Phone #</small>		