


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90088 038 ****61.25

DOCUMENT # N99000007110		
1. Entity Name ST. CLOUD MAIN STREET, INC.		

Principal Place of Business 903 PENNSYLVANIA AVE ST. CLOUD, FL 34769 US	Mailing Address 903 PENNSYLVANIA AVE ST. CLOUD, FL 34769
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50011013



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3614025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BAILEY, TRACY 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769	

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

(NOTE: Registered Agent signature required when reinstating)

1-14-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P HARRELL, TRAVIS 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDGE, GERA 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAUCHAMP, ROBERT 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARK, PAULA <input checked="" type="checkbox"/> Delete 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE STARKE, PAULA <input checked="" type="checkbox"/> Delete 903 PENNSYLVANIA AVE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELVIN LIWAG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 903 PENNSYLVANIA AVE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date Daytime Phone #