

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007110

FILED
Jan 11, 2007
Secretary of State

Entity Name: ST. CLOUD MAIN STREET, INC.

Current Principal Place of Business:

903 PENNSYLVANIA AVE
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

903 PENNSYLVANIA AVE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3614025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, AMY
903 PENNSYLVANIA AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

ROWLAND, OLIVIA
903 PENNSYLVANIA AVE
SAINT CLOUD, FL 34769 US

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.

SIGNATURE: OLIVIA ROWLAND

01/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STARK, PAULA
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S () Delete
Name: RESER, DAVID
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T () Delete
Name: SMILING, CAROL
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP () Delete
Name: LIWAG, MELVIN
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA STARK

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date