## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007110

Entity Name: ST. CLOUD MAIN STREET, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	SYLVANIA AVE D, FL 34769	US					
Current Mailing Address:				New Mailing Address:			
903 PENNSYLVANIA AVE ST. CLOUD, FL 34769				903 PENNSYLVANIA AVE ST. CLOUD, FL 34769 US			
FEI Number:	59-3614025	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ( )	Certificate of Status	Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ROWLAND, OLIVIA 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769 US				ROWLAND, OLIVIA T MANAGER 903 PENNSYLVANIA AVE SAINT CLOUD, FL 34769 US			
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered of	fice or registered a	agent, or both,
SIGNATURE: OLIVIA T. ROWLAND				01/16/2009			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AN	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () LEWIS, CD JR 903 PENNSYLV SAINT CLOUD, F			Title: Name: Address: City-St-Zip:	P (X) RESER, DAVID 903 PENNSYLV SAINT CLOUD, I	ANIA AVE	
Title: Name: Address: City-St-Zip:	S () DORSEY, TOM 903 PENNSYLVA SAINT CLOUD, F			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () GIAMBRONE, LO 903 PENNSYLVA SAINT CLOUD, F	ANIA AVE		Title: Name: Address: City-St-Zip:	T (X) STARK, PAULA 903 PENNSYLV, SAINT CLOUD, I		
Title: Name: Address: City-St-Zip:	VP () LIWAG, MELVIN 903 PENNSYLV SAINT CLOUD, F	ANIA AVE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	IP () GIAMBRONE, LO 903 PENNSYLV, SAINT CLOUD, I	ANIA AVENUE	
Title: Name: Address:	( )	Delete		Title: Name: Address:	PP () LEWIS, C.D. JF 903 PENNSYI V		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: SAINT CLOUD, FL 34769 US

SIGNATURE: OLIVIA T. ROWLAND M 01/16/2009

City-St-Zip: