

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000006784

1. Entity Name
MAIN CONNECTION BARBER SHOP INC



Principal Place of Business
**3625 TOWNSEND BLVD #1
JACKSONVILLE, FL 3227**

Mailing Address
**3625 TOWNSEND BLVD #1
JACKSONVILLE, FL 3227**

DO NOT WRITE IN THIS SPACE



02132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3618942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRIGHTWELL, STEVE
3625 TOWNSEND BLVD #107
JACKSONVILLE, FL 32277**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRIGHTWELL, STEVE
STREET ADDRESS	3625 TOWNSEND BLVD #107
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/05-80041-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-05 904-762-9466
Date Daytime Phone #