

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-16-2007 90013 010 ***158.75

DOCUMENT # P00000006784 1. Entity Name MAIN CONNECTION BARBER SHOP INC			
Principal Place of Business 3625 TOWNSEND BLVD #1 JACKSONVILLE, FL 3227 <i>8182 ALDERMAN ROAD</i>		Mailing Address 3625 TOWNSEND BLVD #1 JACKSONVILLE, FL 3227	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. JACKSONVILLE, FLORIDA		3. Mailing Address Suite, Apt. #, etc. <i>8182 ALDERMAN ROAD</i>	
City & State 32211 USA		City & State JACKSONVILLE, FLORIDA	
Zip 32211		Country USA	
4. FEI Number 59-3618942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGHTWELL, STEVE 3625 TOWNSEND BLVD #107 JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name <i>STEVE BRIGHTWELL</i> Street Address (P.O. Box Number is Not Acceptable) <i>8182 ALDERMAN ROAD</i> City <i>JACKSONVILLE</i> FL Zip Code <i>32211</i>	
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 <i>Steve H. Brightwell</i> <i>Steve H. Brightwell</i> 8-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGHTWELL, STEVE 3625 TOWNSEND BLVD #107 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>BRIGHTWELL, STEVE</i> <i>8182 ALDERMAN ROAD</i> <i>JACKSONVILLE, FLORIDA 32211</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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: <i>Steve H. Brightwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-9-07 904-652-4503 <small>Date Daytime Phone #</small>	