

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050399

FILED
Apr 21, 2004
Secretary of State

Entity Name: WEST MAIN STREET, INC.

Current Principal Place of Business:

428 KINGS WAY
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

428 KINGS WAY
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3648037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREEN, DOROTHY M
3838 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, ARNOLD P
Address: 428 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: STOUT, CHERYL L
Address: 1 WEST SHORE DR.
City-St-Zip: OLD SAYBROOK, CT 06475

Title: D () Delete
Name: STOUT, RICHARD W JR.
Address: 1 WEST SHORE DR.
City-St-Zip: OLD SAYBROOK, CT 06475

Title: D () Delete
Name: STOUT, THOMAS A
Address: 13 HOLMES RD.
City-St-Zip: OAKDALE, CT 06370

Title: D () Delete
Name: STOUT, MICHAEL P
Address: 15 SUNSET RD.
City-St-Zip: OLD SAYBROOK, CT 06475

Title: D () Delete
Name: STOUT, RICHARD W III
Address: 100 NECK RD.
City-St-Zip: OLD LYME, CT 06371

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:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD P. WHITE

D

04/21/2004

Electronic Signature of Signing Officer or Director

Date