


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90341 050 \*\*\*150.00

DOCUMENT # P01000080296 1. Entity Name TJ'S MAIN STREET, INC.	
---	---

Principal Place of Business 1433 MAIN STREET DUNEDIN, FL 34698	Mailing Address 27 E. ORANGE STREET TARPON SPRINGS, FL 34689
--	--

20048751



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3739449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KLIMIS, GEORGE N 27 E. ORANGE STREET TARPON SPRINGS, FL 34689
--

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	DP ODIERNO, ANTHONY <del>3000 WOODBRIDGE PL</del> PALM HARBOR, FL 34684 <i>dec'd</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DZEDZY, JACK <del>3000 WOODBRIDGE PL</del> PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JACK DZEDZY</i> <i>1978 HIDDEN LAKE DR</i> <i>PHM Harbor Fl. 34683</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

*4/19/05*

Date

*(929) 738-6016*

Daytime Phone #