

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90092 023 ***150.00

DOCUMENT # P03000031663					
1. Entity Name MAIN STREET LUBE NUMBER 2, INC.					
Principal Place of Business 924 5 STREET CLERMONT, FL 34711			Mailing Address 924 5 STREET CLERMONT, FL 34711		
2. Principal Place of Business 115 W Pearl St Suite, Apt. #, etc.		3. Mailing Address PO Box 820 Suite, Apt. #, etc.			
City & State MINNEOLA FL Zip 34711 Country LAKE		City & State CLERMONT FL Zip 34712 Country LAKE		4. FEI Number 04142004 Chg-P CR2E034 (10/03) <div style="float: right;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JOHNSON, MICHAEL A ESQUIRE 225 N FLORIDA AVE LAKELAND, FL 33801			
7. Name and Address of New Registered Agent Name JOHN A HUGHES Street Address (P.O. Box Number is Not Acceptable) 924 5th St City CLERMONT FL Zip Code 34711		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 <u>John A Hughes</u> DATE <u>4/18/04</u> <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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HUGHES, JOHN H STREET ADDRESS 924 5 ST CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CUNNINGHAM, KEVIN STREET ADDRESS 924 5 STREET CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUGHES, JOANNE H STREET ADDRESS 924 5 STREET CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CUNNINGHAM, BEVERLY STREET ADDRESS 924 5 STREET CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John A Hughes</u> JOHN A. HUGHES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/18/04</u>		Daytime Phone # <u>352-394-3721</u>