

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-04-2005 90049 012 ***150.00

DOCUMENT # P03000031663 1. Entity Name MAIN STREET LUBE NUMBER 2, INC.					
Principal Place of Business 115 W PEARL ST. CLERMONT, FL 34711 34715 8			Mailing Address P.O. BOX 828 CLERMONT, FL 34712 34715 8		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2361508 APPLIED FOR	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUGHES, JOHN A 924 5TH ST. CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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> JOHN A. HUGHES 1/24/05 (NOTE: Registered Agent signature required when reappointing)					
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HUGHES, JOHN H 924 5 ST CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CUNNINGHAM, KEVIN 924 5 STREET CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HUGHES, JOANNE H 924 5 STREET CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CUNNINGHAM, BEVERLY 924 5 STREET CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 1/24/05 352-341-2321 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					