2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000031663

1. Entity Name
MAIN STREET LUBE NUMBER 2, INC.

Principal Place of Business	Mailing Address
115 W PEARL ST. MINNEOLA, FL 34715	115 W PEARL ST. MINNEOLA, FL 34715

DO NOT WRITE IN THIS SPACE

04022006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2361508
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUGHES, JOHN H
STREET ADDRESS	924 5 ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V
NAME	CUNNINGHAM, KEVIN
STREET ADDRESS	924 5 STREET
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	HUGHES, JOANNE H
STREET ADDRESS	924 5 STREET
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	CUNNINGHAM, BEVERLY
STREET ADDRESS	924 5 STREET
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000522602
05/03/06-80036-015 150.00

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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: _____ 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #