

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90112 007 ***150.00


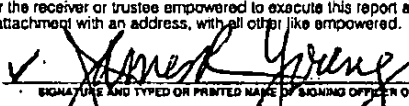
P04000158362

FILED

05 MAY 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50026144

DOCUMENT # P04000158362					
1. Entity Name NORTH MAIN STREET PARTNERS, INC.					
Principal Place of Business 9471 BAYMEADOWS RD #403 JACKSONVILLE, FL 32256			Mailing Address 9471 BAYMEADOWS RD #403 JACKSONVILLE, FL 32256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fee Number 20-2028947	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, JAMES R 9471 BAYMEADOWS RD #403 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, JAMES R	NAME			
STREET ADDRESS	% 9471 BAYMEADOWS RD STE 403	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGLAND, JAMES	NAME			
STREET ADDRESS	% 9471 BAYMEADOWS RD STE 403	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNS, A J	NAME			
STREET ADDRESS	% 9471 BAYMEADOWS RD STE 403	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITT, RYAN	NAME			
STREET ADDRESS	% 9471 BAYMEADOWS RD STE 403	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		3-4-05		(904) 993-2387	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	