2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158362

Title:

Name:

Address:

City-St-Zip:

Entity Name: NORTH MAIN STREET PARTNERS, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216				8833 PERIMETER PARK BLVD SUITE 1104 JACKSONVILLE, FL 32216		
Current Mailing Address:				New Mailing Address:		
8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216			8833 PERIMETER PARK BLVD SUITE 1104 JACKSONVILLE, FL 32216			
FEI Number:	20-2028947	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
YOUNG, JAMES R 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216 US				YOUNG, JAMES R 8833 PERIMETER PARK BLVD SUITE 1104 JACKSONVILLE, FL 32216 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of	f changing its register	red office or registered agent, or both,	
SIGNATURE:				04/15/2009		
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	YOUNG, JAMES	R PRK BLVD STE 1104		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ENGLAND, JAMI 12024 MASSIVE JACKSONVILLE	OAKS COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JOHNS, A J 3225 ANNISTON JACKSONVILLE			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES R. YOUNG DIR 04/15/2009

() Delete

SCHMITT, RYAN

11025 BLASIUS ROAD

JACKSONVILLE, FL 32226

() Change () Addition