

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000159339**

1. Entity Name

**MAIN STREET DEVELOPMENT OF JACKSONVILLE, INC.**



Principal Place of Business

**3624 BRIDGEWOOD DRIVE  
JACKSONVILLE, FL 32277**

Mailing Address

**3624 BRIDGEWOOD DRIVE  
JACKSONVILLE, FL 32277**

**DO NOT WRITE IN THIS SPACE**



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number

**73-1729379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L.  
1930 SAN MARCO BLVD., SUITE 201  
ST. MARK'S PLACE  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME EL-BAHRI, CARLA  
STREET ADDRESS 3624 BRIDGEWOOD DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000951921  
06/04/08-80057-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Carla Bahri* **CARLA BAHRI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08

Date

9043334472

Daytime Phone #