

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 041 ***150.00

DOCUMENT # P05000100524					
1. Entity Name 1ST AND MAIN, INC.					
Principal Place of Business 10105 US HWY 441 STE 124 LEESBURG, FL 34788			Mailing Address 10601 US HIGHWAY 441 C-10 #137 LEESBURG, FL 34788		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10105 US HWY 441			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 124			
City & State		City & State Leesburg FL		4. FEI Number 20-3164041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34788		34788		04302007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PAPALEO, GEORGANNE 10105 US HWY 441 STE 124 LEESBURG, FL 34788			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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, LINDA J 34101 LINDA LANE LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10105 US HWY 441 #124 Leesburg, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPALEO, GEORGANNE 10601 US HIGHWAY 441 C-10 #137 LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10105 US HWY 441 #124 Leesburg, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <i>Georganne Papaleo</i>			4/29/07 3331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		