

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 JUN -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **08000090010**

1. Entity Name

MAIN LINE FUNDING COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

SIB SYLVAN DR.

3. Mailing Address

Suite, Apt. #, etc.

SAME

CR2E034B (1/11)

City & State

WINTER PARK, FL

City & State

4. FEI Number

26-3471130

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES S. HALL

Street Address (P.O. Box Number is Not Acceptable)

SIB SYLVAN DR.

City

WINTER PARK, FL

Zip Code **32789**

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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

Charles S. Hall (CHARLES S. HALL) PRES/SEC; 5/31/2011

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

CHALLT@CFL.RR.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT / SECRETARY
CHARLES S. HALL
SIB SYLVAN DR.
WINTER PARK, FL 32789**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**500207207155
05/04/11-01043-001 **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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.55, F.S.

SIGNATURE:

Charles S. Hall (CHARLES S. HALL) 5/31/2011; 407-644-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #