

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000014048 1. Entity Name MAIN STREET MANAGEMENT SERVICES, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 18679 SE FEDERAL HWY. TEQUESTA, FL 33469 | Mailing Address 18679 SE FEDERAL HWY. TEQUESTA, FL 33469 |
|--|--|



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|--|
| 4. FEI Number 65-0779095 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN L
18679 SE FEDERAL HWY.
TEQUESTA, FL 33469

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UN00000133185
04/27/04-80075-022 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, ROBERT 18679 SE FEDERAL HWY. TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RUBENFELD, DAREN 18679 SE FEDERAL HWY TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____