

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000038130

1. Entity Name
MAIN STREET AUTOMOTIVE CENTER, INC.



Principal Place of Business
1858 MAIN ST
SARASOTA, FL 34236 US

Mailing Address
1858 MAIN ST
SARASOTA, FL 34236 US



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0759403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESSER, BRENDA K
1858 MAIN ST
SARASOTA, FL 34236

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000148264

05/03/04-80139-011 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ESSER, BRENDA K
STREET ADDRESS 1858 MAIN ST
CITY-STATE-ZIP SARASOTA, FL 34236

TITLE V
NAME ESSER, GARY
STREET ADDRESS 1858 MAIN ST
CITY-STATE-ZIP SARASOTA, FL 34236

TITLE S
NAME ESSER, ANGELA
STREET ADDRESS 1858 MAIN STREET
CITY-STATE-ZIP SARASOTA, FL 34236

TITLE T
NAME ESSER, TIMOTHY
STREET ADDRESS 1858 MAIN STREET
CITY-STATE-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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)(i), 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**

4/28/4

Date

941 3661942

Daytime Phone #