## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name

1390 MAIN STREET SERVICES, INC.

DOCUMENT # P97000078131



**FILED** May 02, 2005 08:00 AV **Secretary of State** 

Principal Place of Business

1924 SOUTH OSPREY AVENUE

**SUITE 202** 

SARASOTA, FL 34239

Mailing Address

PO BOX 1329

SARASOTA, FL 34230



DO NOT WRITE	IN	THIS	SPA	CE
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6. Name and Address of Current Registered Agent

3 1202000 110 311 <b>3</b> 1			
4. FEI Number	Applied For		
65-0779028	Not Applicable		

5. Certificate of Status Desired

AA222AAE

\$8.75 Additional Fee Required

CB2F034 (10/03)

VAUGHAN-BIRCH, L N

720 S ORANGE AVE SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

No Cha-P

	named entity submits this statement for the pions of registered agent.	ourpose of changing its	registered offi	ice or r	egistered agent, or bo	th, in the State of Florida. I am famillar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE	. Registered Agent	signature	required when reinstating)	DATE
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<ol> <li>Election Campain</li> <li>Trust Fund Contract</li> </ol>			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS				
TITLE Name Street address City-St-Zip	DP GRIFFIN, WILLIAM D 1924 SOUTH OSPREY AVENUE, SU SARASOTA, FL 34239	TE 202				
title name street address city-st-zip	VPST SALSER, RANDAL D 1924 SOUTH OSPREY AVENUE, SU SARASOTA, FL 34239	TE 202	•			1100000351762 05/02/05-80159-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT WRITE
TITE C						

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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