


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90208 049 \*\*\*150.00

<b>DOCUMENT # P97000078131</b> 1. Entity Name 1390 MAIN STREET SERVICES, INC.					
Principal Place of Business 1924 SOUTH OSPREY AVENUE SUITE 202 SARASOTA, FL 34239 US			Mailing Address PO BOX 1329 SARASOTA, FL 34230 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312008    Chg-P    CR2E034 (12/06)	
4. FEI Number 65-0779028				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VAUGHAN-BIRCH, L N 720 S ORANGE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name <u>W. Lee McGinness</u> Street Address (P.O. Box Number is Not Acceptable) <u>1800 Second Street</u> <u>Suite 901</u> City <u>Sarasota, FL</u> <u>FL</u> Zip Code <u>34236</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <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	DP GRIFFIN, WILLIAM D <input type="checkbox"/> Delete 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST SALSER, RANDAL D <input checked="" type="checkbox"/> Delete 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST John Ford Griffin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1924 S. Osprey Ave Ste 202 Sarasota, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-22-08</u> Daytime Phone # <u>941-316-6818</u>		