

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S17768

1. Entity Name
239 MAIN STREET, INC.



Principal Place of Business
2515 CADWALLADER SONK RD
CORTLAND, OH 44410

Mailing Address
2515 CADWALLADER SONK RD
CORTLAND, OH 44410



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0255036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAND, LEONARD E
3440 HOLLYWOOD BLVD
SUITE 450
HOLLYWOOD, FL 33021

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000943151
05/23/08-80046-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COHEN, ROSE E.
STREET ADDRESS 2515 CADWALLADER SONK RD
CITY-ST-ZIP CORTLAND, OH 44410

TITLE VPD
NAME COHEN, MARTIN L.
STREET ADDRESS 2515 CADWALLADER SONK RD
CITY-ST-ZIP CORTLAND, OH 44410

TITLE STD
NAME MICHAELSON, SHARMAN
STREET ADDRESS 709 WESTMINSTER DR.
CITY-ST-ZIP GREENSBORO, NC 27410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #