

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050399

Entity Name: WEST MAIN STREET, INC.**Current Principal Place of Business:**428 KINGS WAY
NAPLES, FL 34104**Current Mailing Address:**100 NECK RD
OLD LYME, CT 06371**FEI Number:** 59-3648037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	STOUT, CHERYL L
Address	402 FOX HOPYARD ROAD
City-State-Zip:	EAST HADDAM CT 06423

Title	D
Name	STOUT, RICHARD WJR.
Address	402 FOX HOPYARD ROAD
City-State-Zip:	EAST HADDAM CT 06423

Title	D
Name	STOUT, THOMAS A
Address	1825 NEW LONDON TURNPIKE
City-State-Zip:	GLASTONBURY CT 06033

Title	D
Name	STOUT, MICHAEL P
Address	106 STAWBERRY STREET
City-State-Zip:	LISBON CT 06351

Title	D
Name	STOUT, RICHARD WIII
Address	17 MATSON RIDGE
City-State-Zip:	OLD LYME CT 06371

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL L STOUT**DIRECTOR****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date