

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000031605

**FILED  
May 03, 2006  
Secretary of State**

**Entity Name:** MAINSTREET & COMPANY, INC.

**Current Principal Place of Business:**

10529 LAKE WILLIAMS DR  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 544  
TARGON SPRINGS, FL 34688 US

**New Mailing Address:**

PO BOX 544  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 59-3380370      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKEY, THOMAS  
10529 LAKE WILLIAMS DR.  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILKEY, THOMAS  
Address: 10529 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

Title: VPD ( ) Delete  
Name: WILKEY, CYNTHIA  
Address: 10529 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete  
Name: LONG, MICHAEL T  
Address: 3425 BRIAN ROAD S.  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS WILKEY

PD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date