# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# P00000113451

**Entity Name:** MAINSTREET HOMES & DESIGNS, INC.

**Current Principal Place of Business:**

111 W. DR. M. L KING BLVD
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

109 W. DR. M. L KING BLVD
PLANT CITY, FL 33563 US

**Current Mailing Address:**

111 W. DR. M. L KING BLVD
PLANT CITY, FL 33563 US

**New Mailing Address:**

109 W. DR. M. L KING BLVD
PLANT CITY, FL 33563 US

**FEI Number: 59-3706947** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

JENKINS, THOMAS C PRES.
111 W. DR. M. L. KING BLVD
PLANT CITY, FL 33563 US

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

JENKINS, THOMAS C PRES.
109 W. DR. M. L. KING BLVD
PLANT CITY, FL 33563 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: 05/01/2009
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: VDP ( ) Delete
Name: JENKINS, T. CLAYTON
Address: 4009 MIDWAY ROAD EAST
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete
Name: MICHAEL, JENKINS
Address: 704 OAKLAND HIGHTS
City-St-Zip: PLANT CITY, FL 33566

Title: T ( ) Delete
Name: JENKINS, T. CLAYTON
Address: 4009 MIDWAY ROAD EAST
City-St-Zip: PLANT CITY, FL 33563

Title: S ( ) Delete
Name: JENKINS, T. CLAYTON
Address: 4009 MIDWAY ROAD EAST
City-St-Zip: PLANT CITY, FL 33563

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: T. CLAYTON JENKINS PRES 05/01/2009
Electronic Signature of Signing Officer or Director Date