

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012499

FILED
Apr 30, 2004
Secretary of State

Entity Name: MAINSHEET MANAGEMENT CORPORATION

Current Principal Place of Business:

819 CHESTNUT CT.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

HILL COMPANY CPA
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

New Mailing Address:

MAINSHEET MANAGEMENT
819 CHESTNUT CT.
MARCO ISLAND, FL 34145

FEI Number: 65-1073849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYLESE, GERRY
819 CHESTNUT CT.
MARCO ISLAND, FL 34145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NYLESE, GERALD
Address: 819 CHESTNUT CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: STD () Delete
Name: NYLESE, TARA
Address: 819 CHESTNUT CT.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: TARA NYLESE

STD

04/30/2004

Electronic Signature of Signing Officer or Director

Date