

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 016 ***150.00

DOCUMENT # P01000039402

1. Entity Name
MAINLINE DISASTER RECOVERY SERVICES, INC.



Principal Place of Business
**1700 SUMMIT LAKE DR.
TALLAHASSEE, FL 32317**

Mailing Address
**1700 SUMMIT LAKE DR.
TALLAHASSEE, FL 32317**

40001140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04052007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3718861

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, FRED F JR
101 E. PARK AVE.
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/P
KEARNEY, RICHARD S ☐ Delete
STREET ADDRESS
1700 SUMMIT LAKE DRIVE
CITY-ST-ZIP
TALLAHASSEE, FL 32317

TITLE
NAME
CFOS
Moyer, S. Scott ☒ Change ☐ Addition
STREET ADDRESS
1700 Summit Lake Dr.
CITY-ST-ZIP
Tallahassee, FL 32317

TITLE
NAME
VP
LUCA, ROGER S ☐ Delete
STREET ADDRESS
1700 SUMMIT LAKE DRIVE
CITY-ST-ZIP
TALLAHASSEE, FL 32317

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP
FORDHAM, JIMMY D ☐ Delete
STREET ADDRESS
1700 SUMMIT LAKE DRIVE
CITY-ST-ZIP
TALLAHASSEE, FL 32317

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
EVP
SIMMONSON, THOMAS E ☒ Delete
STREET ADDRESS
1700 SUMMIT LAKE DR
CITY-ST-ZIP
TALLAHASSEE, FL 32317

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
CFPS
MOYER, S. SCOTT ☐ Delete
STREET ADDRESS
1700 SUMMIT LAKE DR
CITY-ST-ZIP
TALLAHASSEE, FL 32317

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 507, 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

4/10/07

Date

850-219-5149

Telephone #