## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000063997

Entity Name: MAINSAIL MEDICAL, INC.

**FILED** Mar 06, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

625 COMMERCE DR. SUITE 207 625 COMMERCE DR. LAKELAND, FL 33813

SUITE 207

LAKELAND, FL 33813 US

**Current Mailing Address:** New Mailing Address:

625 COMMERCE DR. SUITE 207 625 COMMERCE DR.

SUITE 207 LAKELAND, FL 33813

LAKELAND, FL 33813 US

FEI Number: 59-3725316 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COOK, GLENN COOK, GLENN 464 WEST PIPKIN ROAD 625 CÓMMERCE DRIVE SUITE 2 SUITE 207 LAKELAND, FL 33813 US LAKELAND, FL 33813 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: 03/06/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition COOK, ROXANN COOK, ROXANN Name: Name:

464 WEST PIPKIN ROAD SUITE 2 Address: 625 COMMERCE DRIVE SUITE 207 Address:

City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: LAKELAND, FL 33813 US

( ) Delete Title: Title: (X) Change ( ) Addition

Name: COOK, GLENN Name: COOK, GLENN

464 WEST PIPKIN ROAD SUITE 2 Address: 625 COMMERCE DRIVE SUITE 207 Address:

LAKELAND, FL 33813 US City-St-Zip: LAKELAND, FL 33813 US 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: GLENN COOK 03/06/2007 S