

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000119776

1. Entity Name  
MAINSTREET RESOURCE SQUARE, INC.



FILED

06 APR 21 PM 12:17

Principal Place of Business  
ONE FINANCIAL PLAZA SUITE 2212  
FORT LAUDERDALE, FL 33394

Mailing Address  
ONE FINANCIAL PLAZA SUITE 2212  
FORT LAUDERDALE, FL 33394



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
69-0008818

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KILGALLON, PAUL J  
ONE FINANCIAL PLAZA SUITE 2212  
FORT LAUDERDALE, FL 33394

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KILGALLON, PAUL J
STREET ADDRESS	ONE FINANCIAL PLAZA SUITE 2212
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	
NAME	
STREET ADDRESS	
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04/28/06--01061--001 \*\*667.50

**DO NOT WRITE  
IN THIS SPACE**

B 4/25/04

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 607, 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: Paul J. Kilgallon 4/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954) 764-8380