

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:28

DOCUMENT # P02000101109

1. Entity Name  
MAINSTREET 4500 LEEDS, INC.



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

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



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3653405

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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

158.75

**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  
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STREET ADDRESS  
CITY-ST-ZIP

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300047479959  
03/01/05--01013--022 \*\*308.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Kilgallon

1/18/05 (954) 764-8380  
Date Daytime Phone #