

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90027 039 ***150.00

DOCUMENT # P03000007187					
1. Entity Name MAINSTREAM COMPANIES, INC.					
Principal Place of Business 21555 CR 675 MYAKKA CITY, FL 34251		Mailing Address 21555 CR 675 MYAKKA CITY, FL 34251			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 51-0442317	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCGUIRE, CAROL M 1401 MANATEE AVENUE WEST SUITE 1200 BRADENTON, FL 34205			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE P	NAME FALKNER, JOHN	STREET ADDRESS 4555 VERNA BETHANY RD	CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	
TITLE VP	NAME MCGUIRE, HUGH E JR	STREET ADDRESS 21555 CR 675	CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	
TITLE ST	NAME VERGARA, EMILIO DE	STREET ADDRESS 21555 CR 675	CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete	
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete	
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
(This section is for additions or changes to the list of officers and directors in Block 10. Use "Change" or "Addition" checkboxes.)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <u>Emilio Vergara</u> EMILIO VERGARA <u>3-14-05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40033112



03142005 Chg-P CR2E034 (10/03)

FL

352 279-0729

CR # 1352