

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90403 011 \*\*\*158.75

**DOCUMENT # P03000068817**

1. Entity Name  
**MAINSTREET LAKESIDE INVESTMENTS, INC.**



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

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

**40088216**



2. Principal Place of Business - No P.O. Box #  
**2101 W. Commercial Blvd**

3. Mailing Address  
**2101 West Commercial Blvd**

Suite, Apt. #, etc.  
**1200**

Suite, Apt. #, etc.  
**1200**

02082007 Chg-P CR2E034 (12/06)

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale FL**

4. FEI Number  
**36-4534203**

Applied For  
☐ Not Applicable

Zip  
**33309**

Country

Zip  
**33309**

Country

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**

**7. Name and Address of New Registered Agent**

Name  
**2101 W. Commercial Blvd.**

Street Address (P.O. Box Number is Not Acceptable)  
**Suite 1200**

City **Fort Lauderdale** FL Zip Code **33309**

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, 2007 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**

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**2101 W. Commercial Blvd**

NAME  
**Stc. 1200**

STREET ADDRESS  
**Fort Lauderdale FL 33309**

CITY-ST-ZIP  
**Fort Lauderdale FL 33309**

☐ Change ☐ Addition

TITLE  
**NAME**

STREET ADDRESS  
**CITY-ST-ZIP**

☐ Delete

TITLE  
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STREET ADDRESS  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/07 954-717-9066**

Date Daytime Phone #