

FILED  
Mar 22, 2004 8:00 am  
Secretary of State

03-04-2004 90010 025 \*\*\*158.75

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000148462

1. Entity Name  
MAINSTREET DCC, INC.



Principal Place of Business  
ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394

Mailing Address  
ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394

66407101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0467546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILGALLON, PAUL J.  
ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

\$150.00 + \$8.75

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KILGALLON, PAUL J  
ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394

☐ Delete

TITLE  
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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

2/16/04 (954) 764-8380

Date

Daytime Phone #