

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000117691

1. Entity Name
MAINSTAY BUSINESS SERVICES, INC.



Principal Place of Business
**13405 ALGOMA AVE
SPRING HILL, FL 34609**

Mailing Address
**PO BOX 15336
BROOKSVILLE, FL 34604**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3023106	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**MCCOURT, MARYANN
13425 ALGOMA AVE
SPRING HILL, FL 34609**

**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.

**U000000580820
01/10/07-80063-021 150.00**

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, 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	PS
NAME	MCCOURT, MARYANN
STREET ADDRESS	PO BOX 15336
CITY-ST-ZIP	BROOKSVILLE, FL 34604

TITLE	VT
NAME	PARKIN, ROBERTA
STREET ADDRESS	PO BOX 15336
CITY-ST-ZIP	BROOKSVILLE, FL 34604

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Maryann McCourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-07

Date

352-263-2399

Daytime Phone #