


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90403 008 \*\*\*158.75

<b>DOCUMENT # P05000004764</b>	
1. Entity Name <b>MAINSTREET PB LAKES, INC.</b>	

Principal Place of Business <b>ONE FINANCIAL PLAZA STE 2212 FT LAUDERDALE, FL 33394</b>	Mailing Address <b>ONE FINANCIAL PLAZA STE 2212 FT LAUDERDALE, FL 33394</b>
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2. Principal Place of Business - No P.O. Box # <b>2101 W. Commercial</b>	3. Mailing Address <b>2101 W. Commercial</b>
Suite, Apt. #, etc. <b>1200</b>	Suite, Apt. #, etc. <b>1200</b>
City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>
Zip <b>33309</b>	Zip <b>33309</b>
Country	Country



02082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>KILGALLON, PAUL J ONE FINANCIAL PLAZA STE 2212 FT LAUDERDALE, FL 33394</b>	7. Name and Address of New Registered Agent Name <b>2101 W. Commercial</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 1200</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>2101 W. Commercial</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KILGALLON, PAUL J</b>		NAME <b>Suite 1200</b>	
STREET ADDRESS <b>ONE FINANCIAL PLAZA STE 2212</b>		STREET ADDRESS <b>Fort Lauderdale FL, 33309</b>	
CITY-ST-ZIP <b>FT LAUDERDALE, FL 33394</b>		CITY-ST-ZIP <b>Fort Lauderdale FL, 33309</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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**

Date

**954-717-9066**

Daytime Phone #