


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90017 004 \*\*\*150.00

<b>DOCUMENT # P36123</b> 1. Entity Name <b>MAINSHIP CORPORATION</b>	
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Principal Place of Business <b>548 INDUSTRIAL BOULEVARD MIDWAY, FL 30834 GA</b>	Mailing Address <b>RT 441 PO BOX 1030 ALACHUA, FL 32615</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2147427</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>F &amp; L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUHRS, JOHN H 255 DIESEL ROAD ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUHRS, WARREN R. ROUTE 441 ALACHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES, CHARLES 255 DIESEL ROAD ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JETT, DANIEL N ROUTE 441 ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINGLER, BRIAN G 255 DIESEL ROAD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINNEY, WILLIAM 255 DIESEL RD SAINT AUGUSTINE, FL 320844277

**DO NOT WRITE  
IN THIS SPACE**

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:** John H. Luhrs 3 23 05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
909 8211 4391