

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P36123**

1. Entity Name  
**MAINSHIP CORPORATION**



Principal Place of Business  
**548 INDUSTRIAL BOULEVARD  
MIDWAY, FL 30834**

Mailing Address  
**RT 441  
PO BOX 1030  
ALACHUA, FL 32615**

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-2147427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202**

**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.

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 ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000692880  
04/16/07-80018-002 150.00

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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: JOHN H. LUHRS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/07 (904)829-0500**

Date

Daytime Phone #