


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 043 ***150.00

DOCUMENT # P95000084949	
1. Entity Name MAIN STREET CONSULTING, INC.	

Principal Place of Business 926 SANDPIPER CIRCLE BRADENTON, FL 34209	Mailing Address 926 SANDPIPER CIRCLE BRADENTON, FL 34209
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50018282

2. Principal Place of Business 457 Village Springs Rd	3. Mailing Address 457 Village Springs Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04252006 Chg-P CR2E034 (11/05)

City & State Springville AL	City & State Springville AL
Zip 35146	Zip 35146
Country St. Clair	Country St. Clair

4. FEI Number 65-0620889	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLENNON, JOHN 926 SANDPIPER CIRCLE BRADENTON, FL 34209	
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7. Name and Address of New Registered Agent	
Name Mark E. Lunsford	
Street Address (P.O. Box Number is Not Acceptable) 1001 3rd Ave. W.	
Suite Suite 700	
City Bradenton	FL Zip Code 34205

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 **Mark E. Lunsford (Director)** **4/27/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENNON, JOHN L 926 SANDPIPER CIRCLE BRADENTON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSORD, MARK E DIRECTO 457 VILLAGE SPRINGS RD SPRINGVALE, AL 35146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lunsford, Mark E 457 Village Springs Rd. Springville, AL 35146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mark E. Lunsford** **4/27/06** **205 467 6362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #