

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031605

Entity Name: MAINSTREET & COMPANY, INC.

FILED  
Feb 09, 2005  
Secretary of State

## Current Principal Place of Business:

10529 LAKE WILLIAMS DR  
ODESSA, FL 33556 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 544  
TARGON SPRINGS, FL 34688 US

## New Mailing Address:

FEI Number: 59-3380370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILKEY, THOMAS  
10529 LAKE WILLIAMS DR.  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILKEY, THOMAS  
Address: 10529 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

Title: VPD ( ) Delete  
Name: WILKEY, CYNTHIA  
Address: 10529 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete  
Name: LONG, MICHAEL  
Address: 3425 BRIAN ROAD S.  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LONG, MICHAEL T  
Address: 3425 BRIAN ROAD S.  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA WILKEY

VPD

02/09/2005

Electronic Signature of Signing Officer or Director

Date