

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000057311

1. Entity Name

MAINLANDS REAL ESTATE, INC.



Principal Place of Business

9185 U.S. 19 NORTH  
PINELLAS PARK FL 33782

Mailing Address

9185 U.S. 19 NORTH  
PINELLAS PARK FL 33782



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3519440

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREEDEN, LESTER  
9185 U.S. 19 NORTH  
PINELLAS PRAK FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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  
NAME BREEDEN, LESTER R ☐ Delete  
STREET ADDRESS 9185 US HWY 19 N  
CITY-ST-ZIP PINELLAS PRAK FL 33782

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000872558  
CITY-ST-ZIP 04/10/08-80045-006 150.00

TITLE  
NAME ST ☐ Delete  
STREET ADDRESS BREEDEN, JANET M  
CITY-ST-ZIP 9185 US HWY 19 N  
PINELLAS PARK FL 33782

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lester R Breeden LESTER A BREEDEN 3/26/08 727-576-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Docu

Printed Name #