

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90084 022 \*\*\*150.00

**DOCUMENT # P98000067995**

1. Entity Name

**MAINS SAW COMPANY**



Principal Place of Business

4555 EMERSON EXPRESSWAY  
STE 100  
JACKSONVILLE FL 32207

Mailing Address

4555 EMERSON EXPRESSWAY  
STE 100  
JACKSONVILLE FL 32207

2. Principal Place of Business

3370 SE 136th Street

Suite, Apt. #, etc.

3. Mailing Address

3370 SE 136th Street

Suite, Apt. #, etc.

City & State

Starke, FL

Zip

32091

Country

USA

City & State

Starke, FL

Zip

32091

Country

USA

4. FEI Number

59-3534837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, PAUL D  
4555 EMERSON EXPRESSWAY  
STE 100  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Charlene J. Mains

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

3370 SE 136th Street

City

Starke

FL

Zip Code

32091

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

Charlene J. Mains

Charlene J. Mains

4-25-04

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, 2004 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

TITLE D/P ☐ Delete  
NAME SHIRLEY, PAUL D  
STREET ADDRESS 4555 EMERSON EXPRESSWAY STE 100  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D/VP ☐ Delete  
NAME MAINS, DOUG  
STREET ADDRESS 4555 EMERSON EXPRESSWAY STE 100  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DST ☒ Delete  
NAME SHIRLEY, CANDACE E  
STREET ADDRESS 1887 EPPING FOREST WAY  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Douglas L. Mains

4-25-04

904/613-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #