

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 050 ****61.25

DOCUMENT # N94000000477	
1. Entity Name FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.	

Principal Place of Business 1180 CELEBRATION BLVD CELEBRATION, FL 34747 US	Mailing Address ONE PORTLAND SQUARE P.O. BOX 586 PORTLAND, ME 04112-0586 US
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40060325



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3234149	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS *		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT 302 MAIN STREET CARIBOU, ME 04736 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT 11 W. PRESQUE ISLE ROAD CARIBOU, ME 04736 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIMAC, AL 121 CENTRAL PARK PLACE STANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VC STIMAC, AL 930 BRITT COURT, STE. 124 ALTAMONTE SPRINGS, FL 32701 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOLFI, TED 2400 SE FEDERAL HIGHWAY STUART, FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOLFI, TED 229 COCONUT AVENUE STUART, FL 34996 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VC LUSSIER, GENE 708 NE 20TH STREET FORT LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C LUSSIER, GENE 708 NE 20TH STREET FT. LAUDERDALE, FL 33305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULKKINEN, BRUCE W 684 ROOSEVELT TRAIL WINDHAM, ME 04062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T PULKKINEN, BRUCE W. 4 ARCHITECTURAL DRIVE WINDHAM, ME 04062 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JONES, KINZY 10555 W. FLAGLER ST., RM. 3442 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KINZY 10555 W. FLAGLER ST., RM. 3442 MIAMI, FL 33174 ☒ Change ☐ 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 617, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/9/07 Date	207 892-3238 Daytime Phone *
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*SEE EXHIBIT A FOR ADDITIONAL DIRECTORS

ATTACHMENT

40060325

#19900000477

Exhibit A

FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.

Additional Director

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	KINNEY, FRANK	150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901
D	CONNORS, DANA	7 UNIVERSITY DRIVE AUGUSTA, ME 04330