

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001516

FILED
Apr 01, 2005
Secretary of State

Entity Name: SPENCER PRESS OF MAINE, INC.

Current Principal Place of Business:

90 SPENCER DRIVE
WELLS, ME 04090

New Principal Place of Business:

Current Mailing Address:

90 SPENCER DRIVE
WELLS, ME 04090

New Mailing Address:

FEI Number: 01-0375534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUGENT, EDMOND B
9513 MARINERS COVE LANE
FORT MYERS, FL 33919 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: DPT () Delete
Name: SPENLINHAUER, STEPHEN P
Address: 119 MARSHALL POINT ROAD
City-St-Zip: KENNEBUNKPORT, ME 04046

Title: C () Delete
Name: SPENLINHAUER, JOHN E III
Address: 25 ELIZABETHAN DRIVE
City-St-Zip: KENNEBUNKPORT, ME 04046

Title: D () Delete
Name: NUGENT, EDMOND B
Address: 9513 MARINER'S COVE LANE
City-St-Zip: FT. MYERS, FL 33919

Title: V () Delete
Name: SULLIVAN, EUGENE R
Address: 40 RIVERSIDE DRIVE
City-St-Zip: WELLS, ME 04090

Title: S () Delete
Name: AYER, GORDON C
Address: 17 OAK STREET
City-St-Zip: KENNEBUNKPORT, ME 04046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change () Addition
Name: SULLIVAN, SEAN
Address: 266 PARKWOOD RD.
City-St-Zip: FAIRFIELD, CT 06824

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

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: GORDON C. AYER

S

04/01/2005

Electronic Signature of Signing Officer or Director

Date