

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 010 ***150.00

DOCUMENT # F03000004573

1. Entity Name
EGB ENTERPRISES, INC. OF MAINE



Principal Place of Business

**RR2 BOX 719
(ROOSEVELT TRAIL PROF. BLDG.) RT 302
BRIDGETON, ME 04009**

Mailing Address

**RR2 BOX 719
BRIDGETON, ME 04009**

14001491



2. Principal Place of Business

472 Portland Rd

Suite, Apt. #, etc.

Suite 102

City & State

Bridgton

Zip

04009

Country

USA

3. Mailing Address

472 Portland Rd

Suite, Apt. #, etc.

Suite 102

City & State

Bridgton

Zip

04009

Country

USA

03312004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0580973

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, STACY
5284 SW 34TH AVE.
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **BODWELL, EMMA**
STREET ADDRESS **RR2 BOX 719**
CITY-ST-ZIP **BRIDGETON, ME 04009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **472 Portland Rd, Suite 102**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emma Bodwell

4-10-04

Date

207-647-3170

Daytime Phone #