

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000005022

1. Entity Name  
DOWNEAST MORTGAGE CORPORATION



Principal Place of Business  
261 GORHAM ROAD  
SOUTH PORTLAND, ME 04106

Mailing Address  
261 GORHAM ROAD  
SOUTH PORTLAND, ME 04106



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0411766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEVINE, MARK  
245 EAST VIRGINIA ST.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LINDVALL, JAMES W 74 CONCORD STREET PORTLAND, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKVORAK, JAMES 25 BELANGER AVE WINDHAM, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIGGS, DARRELL 33 RAYDON ROAD YORK, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENLEY, WILLIAM 2305 WAKEFIELD ROAD SANBRONVILLE, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000270941  
03/21/05-80027-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 (207) 773 6161

Date

Daytime Phone #