


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90028 016 \*\*\*150.00

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # F04000005022</b><br>1. Entity Name<br><b>DOWNEAST MORTGAGE CORPORATION</b>   |   |  |   |    |   |
| Principal Place of Business<br><b>261 GORHAM ROAD<br/>SOUTH PORTLAND, ME 04106</b>   |   |  | Mailing Address<br><b>261 GORHAM ROAD<br/>SOUTH PORTLAND, ME 04106</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                         |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |   |   |   |
| City & State   |   | City & State                               |   | 4. FEI Number<br><b>02-0411766</b>  |   |
| Zip  |   | Country                                    |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>LEVINE, MARK<br/>245 EAST VIRGINIA ST.<br/>TALLAHASSEE, FL 32301</b>   |   |  |   | 7. Name and Address of New Registered Agent --<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CPT<br>LINDVALL, JAMES W<br>74 CONCORD STREET<br>PORTLAND, ME   | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Cohen, Donald<br>55 Addy Lane<br>Portland, ME 04103  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>SKVORAK, JAMES<br>25 BELANGER AVE<br>WINDHAM, ME          | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>BRIGGS, DARRELL<br>30 ELDRIDGE ROAD<br>YORK, ME           | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DENLEY, WILLIAM<br>2305 WAKEFIELD ROAD<br>SANBRONVILLE, NH | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |   |  |   |   |   |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |   |   |   |
| Date _____ Daytime Phone # _____   |   |  |   |   |   |