



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F07000000099</b> 1. Entity Name <b>CAI INSURANCE AGENCY OF MAINE, INC.</b>	
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Principal Place of Business <b>57 PORTLAND RD. KENNEBUNK, ME 04043</b>	Mailing Address <b>P.O. BOX 118 KENNEBUNK, ME 04043</b>
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DO NOT WRITE IN THIS SPACE

  
 01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>01-0519955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HATCH, JOHN D. ESQ.  
1267 BERKSHIRE LANE, STE. 200  
TARPOON SPRINGS, FL 34688**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
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10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	OSBORNE, THOMAS
STREET ADDRESS	21 OAK ST.
CITY-ST-ZIP	ALFRED, ME 04002
TITLE	T
NAME	OSBORNE, COLLEEN M.
STREET ADDRESS	21 OAK ST.
CITY-ST-ZIP	ALFRED, ME 04002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/23/08-80097-005 150.00

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.

SIGNATURE: \_\_\_\_\_ *10 April 08* *207.985.3249*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #