

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001726

FILED
Apr 27, 2009
Secretary of State

Entity Name: MAINE COTTAGE FURNITURE, INC.

Current Principal Place of Business:

106 LAFAYETTE STREET
YARMOUTH, ME 04096

New Principal Place of Business:

Current Mailing Address:

PO BOX 935
YARMOUTH, ME 04096

New Mailing Address:

FEI Number: 01-0441495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLER, RONALD J ESQ
525 S FLAGLER DR SUITE 200
WEST PALM BEACH, FL 33401 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: P () Delete
Name: BASS, PETER
Address: 232 BLUFF ROAD
City-St-Zip: YARMOUTH, ME 04096

Title: VP () Delete
Name: PETERSEN, DAVID
Address: 57 FORESIDO RD
City-St-Zip: FALMOUTH, ME 04105

Title: C () Delete
Name: ZIMMERMAN, BARRY
Address: 53 EXCHANGE STREET
City-St-Zip: PORTLAND, ME 04101

Title: T () Delete
Name: BASS, PETER
Address: 232 BLUFF ROAD
City-St-Zip: YARMOUTH, ME 04096

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTINA BARRETT ASBELL

CONT

04/27/2009

Electronic Signature of Signing Officer or Director

Date