

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002638

Entity Name: LOBSTER TOWN, INC.

FILED
Apr 12, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 202
SPRUCE HEAD, ME 04859 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 202
SPRUCE HEAD, ME 04859 US

New Mailing Address:

FEI Number: 01-0479486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, ROBERT L P.A.
2605 ENTERPRISE RD, EAST, #110
CLEARWATER, FL 34619 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: CPT () Delete
Name: ATWOOD, WILLIAM D
Address: OCEAN ROAD
City-St-Zip: SPRUCE HEAD, ME 04859

Title: S () Delete
Name: ATWOOD, SANDRA
Address: OCEAN ROAD
City-St-Zip: SPRUCE HEAD, ME 04859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: WILLIAM ATWOOD

CPT

04/12/2004

Electronic Signature of Signing Officer or Director

Date