

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90065 022 \*\*\*150.00

DOCUMENT # F99000000263

1. Entity Name  
 DOWNEAST TRADING COMPANY, INC.



Principal Place of Business  
 146 TAMPA AVE  
 INDIALANTIC, FL 32903

Mailing Address  
 146 TAMPA AVE  
 INDIALANTIC, FL 32903



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-1779453	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOLAN, MICHAEL  
 146 TAMPA AVE  
 INDIALANTIC, FL 32903

**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	PTCD DOLAN, MICHAEL 146 TAMPA AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOLAN, PRISCILLA 146 TAMPA AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAID \$150.00</b> <i>on 3/7/05 DE check # 3622</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Michael Dolan *Michael Dolan* PRESIDENT 3/7/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #