## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 06, 2004 08:00 AM Secretary of State DOCUMENT # P01000093619 MAINE BOY MANAGEMENT, INC. Mailing Address Principal Place of Business 30 SPORTSMAN LANE **30 SPORTSMAN LANE** ROTUNDA WEST, FL 33947 ROTUNDA WEST, FL 33947 04292004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number 51-0431465 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOWNS, HOMER DO NOT WRITE 30 SPORTSMAN LANE ROTUNDA WEST, FL 33947 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 roinstelling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 1/00000157532 Trust Fund Contribution. Added to Fees 05/06/04-80030-007 150.00 OFFICERS AND DIRECTORS 10. TITLE DOWNS, HOMER F NAME STREET ADDRESS 30 SPORTSMAN LANE ROTONDA WEST, FL 33947. CRY-ST-7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-2iP TSTLE NAME

12. Thereby 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

HOMEL

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Dayrime Phone #

**FILED**