



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000077436		
1. Entity Name THE ACTIVITY SHOP AT BLUE HILL, INC.		
Principal Place of Business 61 ELLSWORTH RD BLUE HILL, ME 04614	Mailing Address 61 ELLSWORTH RD BLUE HILL, ME 04614	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BENNETT, GAYLE B 2303 TUSCARORA TRAIL MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, DANA A 2303 TUSCARORA TR. MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, GAYLE 2303 TUSCARORA TR. MAITLAND, FL 32751	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/22/05 401-539-011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0028798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000334193
04/27/05-80036-006 150.00

**DO NOT WRITE
IN THIS SPACE**