

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000124718

1. Entity Name

MAINE YANKEE WOODWORKER, INC.



**FILED
Apr 19, 2004 8:00 am
Secretary of State**

04-19-2004 90345 043 ***150.00

Principal Place of Business
7245 18 ST
VERO BCH FL 32966

Mailing Address
7245 18 ST

VERO BCH FL 32966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For
Not Applicable

4. FEI Number
52-2414917

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, RALPH H
7245 18th STREET
VERO BCH FL 32966

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPS	<input type="checkbox"/> Delete	
STREET ADDRESS	CARTER, RALPH H		
CITY-ST-ZIP	7245 18 th Street VERO BCH FL 32966		
NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
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CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
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)(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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-04

Date

Daytime Phone #