

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020728

FILED
Sep 06, 2005
Secretary of State

Entity Name: MAINE-LY HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

706 JEREMY DRIVE
DAVENPORT, FL 33836 US

New Principal Place of Business:

Current Mailing Address:

706 JEREMY DRIVE
DAVENPORT, FL 33836 US

New Mailing Address:

FEI Number: 34-1985286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVESQUE, ROBERT M SR.
706 JEREMY DRIVE
DAVENPORT, FL 33836 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LEVESQUE, ROBERT M SR.
Address: 706 JEREMY DRIVE
City-St-Zip: DAVENPORT, FL 33836 US

Title: VP () Delete
Name: LEVESQUE, BOJON
Address: 13500 LAKE VINING CT., APT. 16108
City-St-Zip: ORLANDO, FL 32821 US

Title: VP (X) Delete
Name: LEVESQUE, JEREMY A
Address: 13500 LAKE VINING CT., APT. 16108
City-St-Zip: ORLANDO, FL 32821 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEVESQUE, BOJON
Address: 9 PALM CT.
City-St-Zip: DAVENPORT, FL 33837 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. LEVESQUE

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date