


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90035 006 \*\*\*150.00

**DOCUMENT # P95000000329**

1. Entity Name  
**DOWNEAST SUPPORT SYSTEMS, INC.**



Principal Place of Business      Mailing Address

2580 LONGBOAT WAY      P.O. BOX 1893  
 PALM CITY, FL 34990 US      PALM CITY, FL 34990 US

**J4U1J44U**



02122004      Chg-P      CR2E034 (10/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0548625**      Not Applicable

5: Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRYAN, DEAN**  
 2580 LONGBOAT WAY  
 PALM CITY, FL 34990

**7. Name and Address of New Registered Agent**

Name

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

*3389 S.W. Wood Creek Trail*

City *Palm City*      FL      Zip Code *34990*

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, DEAN	
STREET ADDRESS	2580 LOGBOAT WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPUGNARDI, DENISE	
STREET ADDRESS	2580 LONG BOAT WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHOEBUS, KRISTEN	
STREET ADDRESS	2601 SW ESTELLA TERRACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3389 S.W. Wood Creek Trail</i>	
CITY-ST-ZIP	<i>Palm City FL 34990</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3994 S.W. SOLITAIRE PALMDR</i>	
CITY-ST-ZIP	<i>Palm City FL 34990</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Dean D. Bryan*      *Dean D. Bryan*      *2/19/04-207892-3300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #