

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000329

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: DOWNEAST SUPPORT SYSTEMS, INC.

**Current Principal Place of Business:**

3389 SW WOOD CREEKTRAIL  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1893  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 65-0548625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPUGNARDI, R. SCOTT  
3389 S.W. WOOD CREEK TRAIL  
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRYAN, DEAN  
Address: 119 HEARTSIDE RD  
City-St-Zip: STANDISH, ME 04084

Title: ST ( ) Delete  
Name: SPUGNARDI, DENISE  
Address: 3389 S.W. WOOD CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: PHOEBUS, KRISTEN  
Address: 861 S.E. TAMMEL TRACE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: PHOEBUS, KRISTEN  
Address: 861 S.E. TRAMMEL TRACE  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEAN BRYAN

P

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date