

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000329

**FILED**  
**Feb 21, 2011**  
**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:**

3389 SW WOOD CREEK TRAIL  
PALM CITY, FL 34990 US

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: PHOEBUS, KRISTEN  
Address: 1200 SHIREHALL PARK LANE  
City-St-Zip: WAKE FOREST, NC 27587

I hereby 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 all other like empowered.

SIGNATURE: DEAN D. BRYAN

PRES

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date