

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 033 \*\*\*150.00

**DOCUMENT # P98000033676**

1. Entity Name  
**D.D.P./MAINE CORP.**



Principal Place of Business  
**127 PERUVIAN AVENUE, #304  
PALM BEACH, FL 33480**

Mailing Address  
**127 PERUVIAN AVENUE, #304  
PALM BEACH, FL 33480**

94038718



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**1 New Hampshire Avenue**  
Suite, Apt. #, etc.  
**Suite 125**  
City & State  
**Portsmouth, NH**  
Zip  
**03801**  
Country  
**USA**

02142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0844464**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKS, RAE ESQUIRE  
700 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **FRANKS, RAE CELIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**312 - Ninth Street**

**West Palm Beach**  
City **FL** Zip Code **33401**

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 *Rae Franks Esquire*  
Signature, typed or printed name of registered agent and file if applicable.

**3/26/04**  
DATE

(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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
DAY, DAVID  
127 PERUVIAN AVENUE, #304  
PALM BEACH, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
ZELLER, JEANNE M  
1 NEW HAMPSHIRE AVE STE 125  
PORTSMOUTH, NH 03801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KELLEY, WILLIAM H  
282 RIVER ROAD, P.O. BOX 3280  
MANCHESTER, NH 03105** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Roy W. Tilsley, Jr.  
282 River Road; Box 3280  
Manchester, NH 03105** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: *Jeanne M. Zeller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeanne M. Zeller, Secretary** **3/26/04**  
Date

**603-766-1935**  
Daytime Phone #