

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000064063

1. Entity Name
MAINE TRADING COMPANY



Principal Place of Business
**650 NORTH TAMiami TRAIL
OSPNEY, FL 34229**

Mailing Address
**PO BOX 1296
OSPNEY, FL 34229**



05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0852596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEADOR, ROBERT D
650 N TAMiami TRAIL
OSPNEY, FL 34229**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE : PT
NAME : MEADOR, ROBERT D
STREET ADDRESS : 650 N TAMiami TRAIL
CITY-ST-ZIP : OSPNEY, FL

TITLE : VPS
NAME : MEADOR, KATHLEEN
STREET ADDRESS : 650 N TAMiami TRAIL
CITY-ST-ZIP : OSPNEY, FL

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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CITY-ST-ZIP :

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05/30/07-80036-009-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert D. Meador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

941-966-3661

Daytime Phone #