

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 016 ***158.75

DOCUMENT # V02030			
1. Entity Name M.H. BROOME CORPORATION			
Principal Place of Business 500 S GREEN DOLPHIN CAPE HAZE, FL 33946 US		Mailing Address 500 S GREEN DOLPHIN CAPE HAZE, FL 33946 US	
2. Principal Place of Business 4 Pearl St. Suite, Apt. #, etc.		3. Mailing Address 4 Pearl St. Suite, Apt. #, etc.	
City & State Madison, ME		City & State Madison, ME	
Zip 04950	Country	Zip 04950	Country
6. Name and Address of Current Registered Agent CROWE, BYRON A. 500 S. GREEN DOLPHIN CAPE HAZEL, FL 33946		4. FEI Number 65-0312334 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name: <u>Byron Crowe A</u> Street Address (P.O. Box Number is Not Acceptable): <u>500 S. Green Dolphin Drive</u> City: <u>CAPE HAZE</u> FL Zip Code: <u>33946</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWE, BYRON A. 500 S GREEN DOLPHIN CAPE HAZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Crowe, Byron A. 4 Pearl St Madison, ME 04950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWE, SHARON 500 S GREEN DOLPHIN CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crowe, Sharon 4 Pearl St Madison, ME 04950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Byron A. Crowe</u>		Byron A. Crowe, Pres/D 207-696-0894	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

H0103735

#V02030

Thurs.

Dear Sir -

I am very sorry
this report is late.

We are in a remote
area of Maine that does
not service over site
delivery.

I tried to call but
service was out of order.

Please accept my
apology + hope all
is O.K. with this report.

Byd Connor

ATTACHMENT

40103735
#V02030

Filing Fee \$250.00

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**APPLICATION FOR
AUTHORITY TO DO BUSINESS**

(Check box only if applicable.)

This is a professional corporation pursuant to 13 MRSA Chapter 22-A.**

M.H. Broome Corporation

(Name of Corporation in Jurisdiction of Incorporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to 13-C MRSA §1503, the undersigned corporation executes and delivers the following Application for Authority to do Business:

FIRST: The name under which it proposes to apply for authority to do business in the State of Maine is
M.H. Broome Corporation

SECOND: (For professional corporations only)

All of the professional corporation's shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

THIRD: If the real corporate name is not available, the fictitious name under which it proposes to apply for authority to do business in the State of Maine: (If not applicable, so indicate.)

Form MBCA-5 accompanies this application.

A fictitious name is a name adopted by a foreign corporation authorized to transact business in this State because its real name is unavailable pursuant to §401.

FOURTH: Its jurisdiction of incorporation is **Florida** (state or country) and the date of incorporation is **12/24/1991**

FIFTH: Address of the principal office, wherever located, is:

4 Pearl Street, Madison, ME 04950

(street, city, state and zip code)

4 Pearl Street, Madison, ME 04950

(mailing address if different from above)

ATTACHMENT

40103735

Acceptance of Appointment of Registered Agent

#V02030

The undersigned hereby accepts the appointment as registered agent for the above-named foreign business corporation.

REGISTERED AGENT

Byron A. Crowe
(signature)

DATED

8/31/06

Byron A. Crowe

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If the registered agent does not sign, Form MBCA-18. (§1503.3) must accompany this document.

**The professional corporation name as used in the State of Maine must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C."

*This document **MUST** be signed by any duly authorized officer. (§121.5)

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

ATTACHMENT

#V02030

SIXTH:

The name of its Registered Agent, an individual resident in Maine, a domestic business or nonprofit corporation, a foreign business or nonprofit corporation authorized to do business or carry on activities in Maine, and the registered office (which is identical to the business office) in Maine shall be:

Byron A. Crowe

(name)

40103735

4 Pearl Street, Madison, ME 04950

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SEVENTH:

The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)

Byron A. Crowe, President

(type or print name and capacity)

Street **4 Pearl Street**

(street or mailing address)

Madison, ME 04950

(city, state and zip code)

Sharon Crowe, Director

(type or print name and capacity)

Street **4 Pearl Street**

(street or mailing address)

Madison, ME 04950

(city, state and zip code)

Byron A. Crowe, Director

(type or print name and capacity)

Street **4 Pearl Street**

(street or mailing address)

Madison, ME 04950

(city, state and zip code)

Street

(street or mailing address)

(city, state and zip code)

EIGHTH:

This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

DATED

8/31/06

*By

Byron A. Crowe
(signature of any duly authorized officer)

Byron A. Crowe, President

(type or print name and capacity)