

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V03416**

1. Entity Name  
 DOWNEAST NETWORKING SERVICES, INC.



Principal Place of Business  
 661 SW BAY POINTE CIRCLE  
 PALM CITY, FL 34990 US

Mailing Address  
 P.O. BOX 498  
 PALM CITY, FL 34990

**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0309262

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRYAN, TIMOTHY E  
 661 SW BAY POINTE CIR  
 PALM CITY, FL 34990

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	PSD BRYAN, TIMOTHY E 661 SW BAY POINTE CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYAN, DEAN D 661 SW BAY POINTE CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYAN, CHERYL L 661 SW BAY POINTE CIR PALM CITY, FL 34990
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 04/12/04-80010-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:  Timothy E. Bryan 4/8/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #