

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004794

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: ERI WEST PALM BEACH, INC.

**Current Principal Place of Business:**

15 OLD DANBURY RD.  
WILTON, CT 06897

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 812  
WILTON, CT 648970812

**New Mailing Address:**

FEI Number: 65-0774418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SCOTT, HUGH C  
Address: 16 HONEY HILL LANE  
City-St-Zip: LYME, CT 06371

Title: VD ( ) Delete  
Name: SHINE, TIMOTHY  
Address: 24 LEDGE HILL RD  
City-St-Zip: SOUTHBORO, MA 01772

Title: T ( ) Delete  
Name: GAVREILIDIS, CHERI F  
Address: 110 STRAWBERRY HILL  
City-St-Zip: NORWALK, CT 06851

Title: S ( ) Delete  
Name: AUCHINCLOSS, JOHN W  
Address: 90 KETTLE CREEK RD  
City-St-Zip: WESTON, CT 06883

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHERI F GAVREILIDIS

T

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date