# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 10, 2004**
**Secretary of State**

DOCUMENT# P97000077387

**Entity Name:** ESCANABA PROPERTIES, INC.

**Current Principal Place of Business:**

1600 ROYAL PALM WAY
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1600 ROYAL PALM WAY
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number: 65-0985660** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROSEMURGY, JAMES
1600 ROYAL PALM WAY
BOCA RATON, FL 33432

**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: PD ( ) Delete
Name: ROSEMURGY, JAMES
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: VD ( ) Delete
Name: ROSEMURGY, DEANNA
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete
Name: ROSEMURGY, DEANNA
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete
Name: ROSEMURGY, ALEX
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: TD ( ) Delete
Name: ROSEMURGY, JAMIE
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

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

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

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

Title: TD (X) Change ( ) Addition
Name: ROSEMURGY, KIMBERLY
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

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

Title: D (X) Change ( ) Addition
Name: ROSEMURGY, JAMIE
Address: 1600 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

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: KIMBERLY ROSEMURGY TD 08/10/2004

Electronic Signature of Signing Officer or Director — Date