

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 140566

FILED
Jan 07, 2004
Secretary of State

Entity Name: EMBASSY CORPORATION

Current Principal Place of Business:

2 FOUR ARTS PLZ
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

2 FOUR ARTS PLZ
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-0294178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGGAN, ERVIN
2 FOUR ARTS PLZ
PALM BEACH, FL 33480 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: PD () Delete
Name: DIXON, EUGENE F JR
Address: 320 EL VEDADO ROAD
City-St-Zip: PALM BEACH, FL

Title: VD () Delete
Name: HOYT, BARRY
Address: 133 BANYAN ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: MOORE, DUDLEY
Address: 220 E. BRAVO
City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete
Name: GUBELMANN, WILLIAM
Address: 1 N CLEMATIS ST.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: SCAFF, DAVID
Address: 159 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: SCHULER, JOHN
Address: 200 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

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:

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: FITZ EUGENE DIXON JR

CH

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date

N

124 VIA BETHESDA
PALM BEACH FL 33480