

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 140566

FILED  
Feb 02, 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: PD (X) Change ( ) Addition  
Name: DIXON, FITZ E JR  
Address: 320 EL VEDADO ROAD  
City-St-Zip: PALM BEACH, FL

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 E. DIXON

Electronic Signature of Signing Officer or Director

PD

02/02/2004

\_\_\_\_\_ Date