2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 303308

1. Entity Name
FLORIDA EAST COAST HOTEL COMPANY

Principal Place of Business
THE BREAKERS PALM BEACH INC
ONE S COUNTY RD
PALM BEACH, FL 33480 US

Mailing Address
THE BREAKERS HOTEL, ONE SO. COUNTY RD.
PALM BEACH, FL 33480 US

03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0303308

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEONE, PAUL N.
C/O THE BREAKERS HOTEL
ONE SOUTH COUNTY RD.
PALM BCH., FL 33480

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000279162
03/28/05-80054-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KENAN, JAMES G. III
STREET ADDRESS	212 BARROW ROAD
CITY-ST-ZIP	LEXINGTON, KY
TITLE	ST
NAME	GILMURRAY, ALEX
STREET ADDRESS	17278 GULF PINE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	P
NAME	LEONE, PAUL N
STREET ADDRESS	ONE S COUNTY RD
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Paul N. Leone 3/18/05 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #