2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90045 005 ***150.00

DOCUMENT # 303308

1. Entity Name
FLORIDA EAST COAST HOTEL COMPANY

Principal Place of Business	Mailing Address
THE BREAKERS PALM BEACH INC ONE S COUNTY RD PALM BEACH, FL 33480 US	THE BREAKERS HOTEL, ONE SO. COUNTY RD. PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE

02262008 No Chg-P CR2E034 (11/05)

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

PRESSLY, KRISTEN P
LEGAL
40 COCOANUT ROW
PALM BCH., FL 33480

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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, 2008 Fee will be $550.00

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

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-27-08 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #