


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90045 009 \*\*\*150.00

DOCUMENT # 321933 1. Entity Name FLAGLER HOTELS OF THE BAHAMAS, INC.	
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Principal Place of Business THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD PALM BEACH, FL 33480 US	Mailing Address THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD PALM BEACH, FL 33480 US
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1208515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PRESSLY, KRISTEN P  
 LEGAL  
 40 COCOANUT ROW  
 PALM BEACH, 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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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