


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 026 ***558.75

| | | | | | |
|---|---|------------------------------------|---|--|--|
| DOCUMENT # J76293 1. Entity Name EAST DUNE LANE CORPORATION | | | |  | |
| Principal Place of Business % JOHN C. DOTTERER 125 WORTH AVE, STE 310 PALM BEACH, FL 33480 | | | Mailing Address % JOHN C. DOTTERER 125 WORTH AVE, STE 310 PALM BEACH, FL 33480 | | |
| 2. Principal Place of Business 33 OCEAN AVENUE, | | | 3. Mailing Address 33 OCEAN AVENUE | | |
| Suite, Apt. #, etc. APT. 512 | | | Suite, Apt. #, etc. APT 512 | | |
| City & State PALM BEACH SHORES FL | | | City & State PALM BEACH SHORES, FL | | |
| Zip 33404 | | Country USA | | Zip 33404 | |
| Country USA | | 4. FEI Number 65-0008327 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent RABIDEAU, GUY 50 COCONUT ROW SUITE 220 PALM BEACH, FL 33480 | | | | 7. Name and Address of New Registered Agent Name GUY RABIDEAU Street Address (P.O. Box Number is Not Acceptable) 400 ROYAL PALM WAY, SUITE 410 City PALM BEACH FL Zip Code 33480 | |
| 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 <u><i>Guy Rabideau</i></u> GUY RABIDEAU <u>5/25/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD DONNELLY, JOHN CHARLES <input type="checkbox"/> Delete 33 OCEAN AVE, APT 512 PALM BEACH SHORES, FL 33404 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TAYLOR, LAURA DONNELLY <input type="checkbox"/> Delete P.O. BOX 1022 N/A EAST HAMPTON, NY 11937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DONNELLY, WILLIAM S. <input type="checkbox"/> Delete 630 CURTISWOOD DRIVE KEY BISCAYNE, FL 33149 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DONNELLY, LAURA <input type="checkbox"/> Delete PO BOX 1022 EAST HAMPTON, NY 11937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 of 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: <u><i>John Charles Donnelly</i></u> JOHN CHARLES DONNELLY <u>5/25/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> (361) 844-0400 | | | | | |

54056075



05252004 Chg-P CR2E034 (10/03)