

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 047 ***158.75

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02082008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0805128** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD, JR.
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PD
NAME ECCLESTONE, E. LLWYD, JR. ☐ Delete
STREET ADDRESS 1555 PALM BEACH LAKES BL
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE D
NAME COOPER, RON ☒ Delete
STREET ADDRESS 1555 PALM BEACH LKS BLVD
CITY-ST-ZIP W PALM BEACH, FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 1100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V/D
NAME HELENA LEYENDECKER ☐ Change ☒ Addition
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 1100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S/T
NAME NANNETTE GAMMON ☐ Change ☒ Addition
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 1100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Nannette Gammon **NANNETTE GAMMON** 2/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #