

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90039 033 \*\*\*158.75

**DOCUMENT # L74339**

1. Entity Name  
**THE ECCLESTONE ORGANIZATION, INC.**



Principal Place of Business  
**% E LLWYD ECCLESTONE JR  
1555 PALM BEACH LAKES BLVD SUITE 1100  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402**

40030100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**65-0195096**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECCLESTONE JR, E. LLWYD  
1555 PALM BEACH LAKES BLVD SUITE 1100  
WEST PALM BEACH, FL 33401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCP  
ECCLESTONE, E LLWYD JR  
1555 PALM BCH LKS BLVD  
WEST PALM BEACH, FL**

☐ Delete

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVTD  
COOPER, RON  
1555 PALM BCH LKS BLVD  
W PALM BEACH, FL**

☒ Delete

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

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
NANNETTE GAMMON  
1555 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL**

☐ Delete

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

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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**

*2/22/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #