

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90035 014 ***158.75

DOCUMENT # M86102

1. Entity Name
DEITZ REALTY COMPANY



Principal Place of Business Mailing Address
~~C/O WILLIAM A. DEITZ~~ ~~C/O WILLIAM A. DEITZ~~
1555 PALM BEACH LAKES BLVD., SUITE 1100 1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

44024001



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number 65-0059584 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
GAMMON, NANNETTE E. Llwyd Ecclestone
1555 PALM BEACH LAKES BLVD Street Address (P.O. Box Number is Not Acceptable)
SUITE 1100 1555 Palm Beach Lakes Blvd
WEST PALM BEACH, FL 33401 Suite 1100
City West Palm Beach FL Zip Code 33401

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]* DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEITZ, ANDREW			NAME			
STREET ADDRESS	155 PLAM BEACH LAKES BLVD #1100			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	CVD	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECCLESTONE, E. L., JR.			NAME			
STREET ADDRESS	1555 PALM BEACH LKS BLVD			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAMON, NANNETTE			NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL			CITY-ST-ZIP			
TITLE	EVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, RON			NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	W. PALM BCH., FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: *[Signature]* Ron Cooper 4/1/04 561/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #