

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90002 005 \*\*\*558.75

<b>DOCUMENT # P01000062631</b> 1. Entity Name <b>ECCLESTONE GROUP, INC.</b>					
Principal Place of Business <b>357 HIATT DR STE A PALM BEACH GARDENS FL 33418</b>			Mailing Address <b>357 HIATT DR STE A PALM BEACH GARDENS FL 33418</b>		
2. Principal Place of Business <b>8895 N. Military Trail</b>		3. Mailing Address <b>8895 N. Military Trail</b>			
Suite, Apt. #, etc. <b>Suite 101 B</b> ✓		Suite, Apt. #, etc. ✓ <b>Suite 101B</b>			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>65-1138114</b>	
Zip <b>33410</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>E. LLWYD ECCLESTONE, III 357 HIATT DRIVE #A PALM BEACH GARDENS FL 33418</b>			7. Name and Address of New Registered Agent Name <b>Ecclestone, E. Llwyd, III</b> Street Address (P.O. Box Number is Not Acceptable) ✓ <b>8895 N. Military Trail</b> <b>Suite 101B</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33410</b>		
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 _____ <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered agent must sign when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD E. LLWYD ECCLESTONE, III 357 HIATT DRIVE #A PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO Ecclestone, E. Llwyd III 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIRETTI, ROSANNE 357 HIATT DRIVE #A PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Piretti, Rosanne 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUGARS, CATHERINE J 357 HIATT DRIVE STE A WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shugars, Catherine J 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rapaport, Jonathan 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Catherine J. Shugars Date <b>6/18/04</b> Daytime Phone #		