## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

## **DOCUMENT # P02000090604**

Country

1555 PALM BEACH LAKES BLVD, STE 1100

6. Name and Address of Current Registered Agent

**PGAN OPERATING COMPANY** 

1555 PALM BEACH LAKES BLVD, STE 1100

Principal Place of Business

WEST PALM BEACH, FL 33401

2. Principal Place of Business

ECCLESTONE, E. LLWYD

WEST PALM BEACH, FL 33401

Suite, Apt. #, etc.

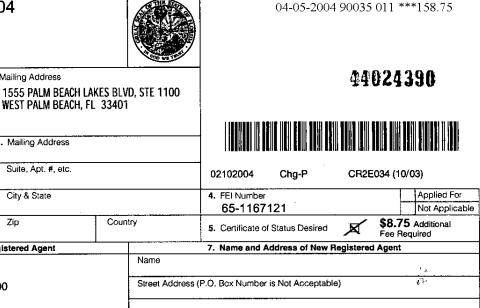
City & State

Zip



Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90035 011 \*\*\*158.75

**FILED** 



City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. XX Change TITLE ☐ Addition TITLE ☐ Delete DCP ECCLESTONE, E. LLWYD NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP DEVT ☐ Addition TITLE Delete TITLE X Change COOPER, RON NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 1100 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP - Delete TITLÉ TITLE **√** Addition -NAME Nannette Gammon NAME STREET ADDRESS 1555 Palm Beach Lakes Blvd #1100 STREET ADDRESS West Palm Beach FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Cooper

4/1/04

561/686-2000