

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90373 045 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


14004706



03152004 Chg-P CR2E034 (10/03)

**DOCUMENT # P93000076893**

1. Entity Name  
**ROBERT DUNHILL & CO., INC.**



Principal Place of Business      Mailing Address

1951 NW 19TH ST      1951 NW 19TH ST  
BOCA RATON, FL 33431-7344      BOCA RATON, FL 33431-7344

2. Principal Place of Business      3. Mailing Address

**621 NW 53<sup>rd</sup> ST**      **621 NW 53<sup>rd</sup> ST**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 200**      **Suite 200**

City & State      City & State

**BOCA RATON, FL**      **BOCA RATON FL.**

Zip      Country      Zip      Country

**33487**      **USA**      **33487**      **USA**

4. FEI Number      Applied For

**11-2290340**       Not Applicable

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

6. Name and Address of Current Registered Agent

**NEASE, MARIAN P**  
**BUCKINGHAM, DOOLITTLE & BURROUGHS LLP**  
**2500 N MILITARY TRAIL SUITE 480**  
**BOCA RATON, FL 33431**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNHILL, ROBERT</b>	NAME	
STREET ADDRESS	<b>1951 NW 19TH ST</b> <b>621 NW 53<sup>rd</sup> ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431-7344</b> <b>Suite 200</b> <b>33487</b>	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	
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)(l), 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 or other like empowerment.

SIGNATURE: *Robert Dunhill*      4/14/04      1-561-998-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      Daytime Phone #