

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

06-21-2004 90002 006 ***558.75

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1. Entity Name

THREE DEVELOPMENT COMPANY



Principal Place of Business

**357 HIATT DRIVE
STE A
PALM BEACH GARDENS, FL 33418
US**

Mailing Address

**357 HIATT DRIVE
STE A
PALM BEACH GARDENS FL 33418
US**

2. Principal Place of Business

8895 N. Military Trail

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite 101B

Suite, Apt. #, etc.

Suite 101B

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

65-0642443

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD III
357 HIATT DRIVE
STE A
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

E. Llwyd Ecclestone, III

Street Address (P.O. Box Number is Not Acceptable)

8895 N. Military Trail, 101B

RM

City

Palm Beach Gardens

FL

Zip Code

33410

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 print

Signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ECCLESTONE, E. LLWYD III ☐ Delete
STREET ADDRESS 357 HIATT DRIVE STE A
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE S
NAME PIRETTI, ROSANNE ☐ Delete
STREET ADDRESS 357 HIATT DRIVE STE A
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE V
NAME THOMAS, GARY ☒ Delete
STREET ADDRESS 357 HIATT DRIVE STE A
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE T
NAME SHUGARS, CATHERINE J ☐ Delete
STREET ADDRESS 357 HIATT DR SUITE A
CITY-ST-ZIP PALM BCH GDN FL 33418

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PR** Chairman, CEO ☒ Change ☐ Addition
NAME Ecclestone, E. Llwyd III
STREET ADDRESS 8895 N. Military Trail, 101B
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE S
NAME Piretti, Rosanne ☒ Change ☐ Addition
STREET ADDRESS 8895 N. Military Trail, 101B
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Shugars, Catherine J ☒ Change ☐ Addition
STREET ADDRESS 8895 N Military Trail, 101B
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME President ☐ Change ☒ Addition
STREET ADDRESS Rapaport, Jonathan
CITY-ST-ZIP 8895 N. Military Trail
Palm Beach Gardens, FL 33410

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

C. Shugars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine J. Shugars

XXXX 6/18/04

Date

Daytime Phone #