
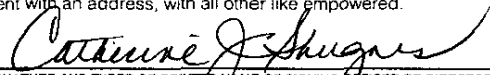


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

06-21-2004 90002 008 ***558.75

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|---|--|--|---|
| DOCUMENT # P96000101398 | |  | |
| 1. Entity Name RESERVE DEVELOPMENT COMPANY | | | |
| Principal Place of Business 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 | | Mailing Address 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 | |
| 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 XXXXX | Zip 33410 | Country Palm Beach |
| 6. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD 357 HIATT DRIVE SUITE A WEST PALM BEACH FL 33418 | | 7. Name and Address of New Registered Agent Name Ecclestone, E. Llwyd III Street Address (P.O. Box Number is Not Acceptable) 8895 N. Military Trail Suite 101B 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 _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ECCLESTONE, LLWYD III 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ecclestone, Llwyd III 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V THOMAS, GARY 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS PIRETTI, ROSANNE 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Piretti, Rosanne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8895 N Military Trail, Suite 101B Palm Beach Gardens, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHUGARS, CATHERINE J 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Shugars, Catherine J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rapaport, Jonathan 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  | | 6/18/4 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Catherine J. Shugars | | Date Daytime Phone # | |