

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

06-21-2004 90003 035 \*\*\*558.75

**DOCUMENT # P98000048593**

1. Entity Name  
**ECCLESTONE ESTATE HOMES COMPANY**




Principal Place of Business Mailing Address  
**357 HIATT DRIVE** **357 HIATT DRIVE**  
**A** **A**  
**WEST PALM BEACH FL 33418** **WEST PALM BEACH FL 33418**

2. Principal Place of Business 3. Mailing Address  
**8895 N. Military Trail** **8895 N. Military Trail**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**101B** **Suite 101B**

City & State City & State  
**Palm Beach Gardens, FL** **Palm Beach Gardens, FL**

Zip Country Zip Country  
**33410** **Palm Beach** **33410** **Palm Beach**



MOORE CR2E034 (11/03)

4. FEI Number **65-0845115** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ECCLESTONE, ELLWYD III**  
**357 HIATT DRIVE**  
**STE A**  
**WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent  
 Name **Ecclestone, Llywd E. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent must be a resident of Florida.)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ECCLESTONE, E L III 357 HIATT DRIVE STE A WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, GARY 357 HIATT DRIVE STE A WEST PALM BEACH FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIRETTI, ROSANNE 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 357 HIATT DRIVE SUITE A WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO Ecclestone, E. Llywd, 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Piretti, Rosanne 8895 N. Military Trail, 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 8895 N. Military Trail, 101B Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rapaport, Jonathan 8895 N. Military Trail, 101B Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Catherine J. Shugars **Catherine J. Shugars** 6/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #