

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

06-21-2004 90002 007 ***558.75

DOCUMENT # V21330

1. Entity Name

ECCLESTONE SIGNATURE HOMES COMPANY



Principal Place of Business

**8895 N. MILITARY TRAIL
SUITE 101B
PALM BEACH GARDENS FL 33410**

Mailing Address

**8895 N. MILITARY TRAIL
SUITE 101B
PALM BEACH GARDENS FL 33410**

J4UJ0144



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0319800**

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECCLESTONE, LLWYD E. III
357 HIATT DRIVE
SUITE 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

Signature, typed or printed name of registered agent and title (if applicable). (If a new registered agent, 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** ☐ Delete
NAME **ECCLESTONE, E. LLWYD III**
STREET ADDRESS **357 HIATT DRIVE SUITE A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

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

TITLE **T** ☐ Delete
NAME **SHUGARS, CATHERINE J**
STREET ADDRESS **357 HIATT DRIVE SUITE A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Rapaport, Jonathan**
CITY-ST-ZIP **8895 N. Military Trail, Suite 101B**
Palm Beach Gardens, FL 33410

TITLE ☐ Change ☐ Addition
NAME
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:

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

Catherine J. Shugars

6/18/4

Date

Daytime Phone #