## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 610897** 

## FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90148 025 \*\*\*158.75

1. Entity Name ROYAL AMERICAN MANAGEMENT, INC.							
Principal Place	e of Business	Mailing Address					
1002 W 23 ST STE 400 PANAMA CITY, FL 32405-0608		1002 W 23 ST STE 400 Panama City, FL 32405-0608			24069176		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 59-1886258	<del></del>	optied For of Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New	Registered Agent	
	OBERT F., III				retta J. Pippin		
	ST STE 400 CITY FL, FL 32405-0608				W. 23 Number is Not Accepted W. 23 Number is Not Accepted to 100		
		$\wedge$	City	Panai	na City	FL Zip Cod	
8. The above named entity submits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE    Signature, type or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating) OATE						and accept	
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							•
10.		i					
10:	<del>,</del>	D DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTOR	S IN 11
TITLE	V	D DIRECTORS	TITLE		ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTOR	S IN 11
TITLE NAME	V SCOTT, C. SCOTT		TITLE NAME		ADDITIONS/CHANGES TO OF		
TITLE	V		TITLE		ADDITIONS/CHANGES TO OF		
TITLE NAME STREET ADDRESS	V SCOTT, C. SCOTT 1002 W. 23RD, STE 400		TITLE NAME STREET ADDRESS	VT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, C. SCOTT 1002 W. 23RD, STE 400 PANAMA CITY, FL	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	VT BAI	RR, JIMMY D.	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V SCOTT, C. SCOTT 1002 W. 23RD, STE 400 PANAMA CITY, FL STV	☐ Delete	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE	VT BAI 100		☐ Change☐ Change☐ TE. 400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V SCOTT, C. SCOTT 1002 W. 23RD, STE 400 PANAMA CITY, FL STV HENRY, III, ROBERT F. 1002 W 23 ST STE 400	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VT BAI 100	RR, JIMMY D. D2 W. 23RD ST., S	☐ Change☐ Change☐ TE. 400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	V SCOTT, C. SCOTT 1002 W. 23RD, STE 400 PANAMA CITY, FL STV HENRY, III, ROBERT F. 1002 W 23 ST STE 400 PANAMA CITY, FL D CHAPMAN, III, JOSEPH F.	□ Delete  Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	VT BAI 100 PAI	RR, JIMMY D. D2 W. 23RD ST., S	☐ Change☐ Change☐ TE. 400☐ Change☐ TE. 400☐ Change☐ Change☐ TE. 400☐ Change☐	☐ Addition
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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 pseciver or trusted 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 if an automorph with ampadigness, with all other like empowered.

SIGNATURE:

Lauretta J. Pippin, Secretary

4/22/04

(850) 769-8981

Date

Daytime Phone #