

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90037 033 \*\*\*150.00

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DOCUMENT # P03000070096					
1. Entity Name ROYAL PALM CAPITAL GROUP, INC.					
Principal Place of Business 625 N. FLAGLER DRIVE 509 WEST PALM BEACH, FL 33410 US		Mailing Address 625 N. FLAGLER DRIVE <del>509</del> 509 WEST PALM BEACH, FL 33410 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>43-2019907</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZANARDI, DAVID G 625 N. FLAGLER DRIVE <del>509</del> 509 WEST PALM BEACH, FL 33410			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEARCE, ROBERT W	NAME			
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 509	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRSCHNER, PETER	NAME			
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 509	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'KANE, JAMES K	NAME			
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 509	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	CITY-ST-ZIP			
TITLE	Chairman <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, GERALD C	NAME			
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 509	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Robert W. Pearce</i>		Date: 2-2-04		Daytime Phone #: 561-820-2444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					