


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90015 048 \*\*\*150.00

<b>DOCUMENT # 653116</b> 1. Entity Name <b>ROYAL PALM R. V. PARK, INC.</b>					
Principal Place of Business <b>163 CUNNINGHAM LANE BIG PINE KEY, FL 33043</b>			Mailing Address <b>163 CUNNINGHAM LANE BIG PINE KEY, FL 33043</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-1968703</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROOKENS, GALEN 163 CUNNINGHAM LANE #17 BIG PINE KEY, FL 33043</b>			7. Name and Address of New Registered Agent Name <b>CLAYTON NUMMERDOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>163 CUNNINGHAM LANE #15</b> City <b>BIG PINE KEY</b> <b>FL</b> Zip Code <b>33043</b>		
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 <u><i>Clayton Nummerdor</i></u> <b>03/05/07</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD BROOKENS, GALEN 163 CUNNINGHAM LANE, #17 BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUSHNIE, GEORGE 163 CUNNINGHAM LN # 1 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUSSAULT, PHIL 163 CUNNINGHAM LN, # 37 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPOSITO, THOMAS 163 CUNNINGHAM LN, # 22 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUMMERDOR, CLAYTON 163 CUNNINGHAM LN, # 15 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDER, NANCY 163 CUNNINGHAM LANE #18 BIG PINE KEY, FL 33043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Clayton Nummerdor</i></u> <b>CLAYTON NUMMERDOR</b> <b>03/05/07</b> <b>305-872-9856</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>TREASURER</small> <small>Date</small> <small>Daytime Phone #</small>					