

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 002 \*\*\*150.00

DOCUMENT # P97000067292

1. Entity Name  
713 KEY ROYALE CORP.



Principal Place of Business  
713 KEY ROYALE DRIVE  
HOLMES BEACH, FL 34217

Mailing Address  
~~713 KEY ROYALE DRIVE~~  
~~HOLMES BEACH, FL 34217~~

40 MARGARET SHOAF CPA  
2100 S. TAMiami TRAIL

Suite #200, SARASOTA FL. 34239



**DO NOT WRITE IN THIS SPACE**

02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0771904

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHOAF, MARGARET CPA  
2100 S TAMiami TRAIL  
# 200  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHOENFELDER, MARIO
STREET ADDRESS	713 KEY ROYALE DRIVE
CITY - ST - ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	SCHOENFELDER, CHRISTIANE
STREET ADDRESS	713 KEY ROYALE DRIVE
CITY - ST - ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: MARIO SCHOENFELDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-2008

Date

941 778 8661

Daytime Phone #