

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000086745

Entity Name: ROYAL CUSTOM DESIGNS & MANAGEMENT INC**Current Principal Place of Business:**304 GEMINI DRIVE
SATELLITE BEACH, FL 32937**Current Mailing Address:**304 GEMINI DRIVE
SATELLITE BEACH, FL 32937 US**FEI Number:** 85-3873329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRONQUIST-BARNETTE, ASHLEY
304 GEMINI DR
SATELLITE BEACH, FL 32937 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CRONQUIST-BARNETTE, ASHLEY
Address	304 GEMINI DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	TRE
Name	CRONQUIST-BARNETTE, ASHLEY
Address	304 GEMINI DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	SEC
Name	CRONQUIST-BARNETTE, ASHLEY
Address	304 GEMINI DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	VP
Name	CRONQUIST-BARNETTE, ASHLEY
Address	304 GEMINI DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIR
Name	CRONQUIST-BARNETTE, ASHLEY
Address	304 GEMINI DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY CRONQUIST-BARNETTE**PRESIDENT****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date