


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 014 ***150.00

DOCUMENT # 214679	
1. Entity Name ROYAL CONTRACTORS, INC.	

Principal Place of Business 1200 SOUTH FLAGLER DRIVE SUITE 606 WEST PALM BEACH FL 33401	Mailing Address 1200 S FLAGLER DR C/O BLANK #606 WEST PALM BEACH FL 33401
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2. Principal Place of Business - No P.O. Box # 801 S. OLIVE AVE Suite Apt. #, etc. 1609	3. Mailing Address 801 S. OLIVE AVE Suite Apt. #, etc. 1609
City & State WEST PALM BEACH	City & State WEST PALM BEACH FL
Zip 33401 Country P.B.	Zip 33401 Country PB

1st MOORE CR2E034 (10/06)

4. FEI Number 59-0844028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANK, FLOYD P 1200 SOUTH FLAGLER DRIVE SUITE 606 WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name BLANK FLOYD P. Street Address (P.O. Box Number is Not Acceptable) 801 S. OLIVE AVE, SUITE 1609 City WEST PALM BEACH FL Zip Code 33401	

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 FLOYD P. BLANK Floyd P. Blank 1/28/07
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLANK, FLOYD 1200 S FLAGLER DR #606 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLANK FLOYD P. 801 S. OLIVE AVE SUITE 1609 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PINCOURT, A.K. 222 LAKEVIEW STE 1500 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINCOURT JR, A.K. 1270 NORTHLANEWAY PALM BEACH FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Floyd P. Blank 1/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 561 310 9058