

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235240

Entity Name: ROYAL SERVICES, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

4526 LENOX AVE  
JACKSONVILLE, FL 32205 US

## New Principal Place of Business:

## Current Mailing Address:

POB 37209  
JACKSONVILLE, FL 32236 US

## New Mailing Address:

FEI Number: 59-0895797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENBLOOM, PERCY JR  
4401 LAKESIDE DR STE 102  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: ROSENBLOOM, DOROTHY S  
Address: 4401 LAKESIDE DR STE 102  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD ( ) Delete  
Name: ROSENBLOOM, PERCY JR  
Address: 4401 LAKESIDE DR STE 102  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VD ( ) Delete  
Name: ROSENBLOOM, PERCY III  
Address: 1847 WOODMERE DR  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: T ( ) Delete  
Name: GRANT, PAUL A  
Address: 5129 HARBOR PT CIR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: ROSENBLOOM, STEVEN M  
Address: 1417 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GRANT, PAUL A  
Address: 3946 ST. JOHNS AVENUE - APT 113  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL A. GRANT

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date