

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349282

FILED
May 05, 2009
Secretary of State

Entity Name: ROYAL BLUE SPRINGS, INC.

Current Principal Place of Business:

311 MAIN ST.
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 276
LEE, FL 32059 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L.A. METHVIN
3710 SW WILSON SPRINGS RD.
FORT WHITE, FL 32038 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FLETCHER, LORRIE
Address: RT 9 BOX 3693
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: METHUIN, VICKIE
Address: 3710 SW WILSON SPRINGS RD
City-St-Zip: FT WHITE, FL 32036

Title: P () Delete
Name: HINES, SHERRIL
Address: 1318 BEULAH CHURCH RD
City-St-Zip: LEE, FL 32059

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:

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: SHERRIL HINES

P

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date