


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 543521</b>	
1. Entity Name <b>ROYAL GREASE CORP.</b>	

Principal Place of Business <b>9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US</b>	Mailing Address <b>9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1768369</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>ROBINSON JR, BARNETT ESQ 120 E. PALMETTO PARK RD, STE 150 BOCA RATON, FL 33432</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-certifying)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000104850 04/06/04-80028-004 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, ELLEN LARGAY 9630 RIVERVIEW DR. SEBASTAIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV LARGAY, CHARLES E JR 9401 NW 106TH ST, STE 102 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNOWLES, JANET 9401 NW 106TH ST., STE 101 MEDLEY, FL 33178
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 exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <i>Janet Knowles, Assistant Secy.</i> <b>3/30/04</b> <b>305-885-2458</b>	<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JANET KNOWLES, ASSISTANT SECRETARY</b>	<small>Date</small> <b>3/30/04</b>	<small>Daytime Phone #</small> <b>305-885-2458</b>
--	---	---------------------------------------	---