## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								FIL	ED		
DOCUMENT # 609004							l	SECRETARY NYISION OF C	OF STATE	15	
1. Entity Name ROYALL CONSTRUCTION OF CENTRAL FLORIDA, INC.											
								08 APR 18	AM 9: 49		
Principal Place	e of Busines	s									
1110 DOUGL ALTAMONTE				1110 DOUGLAS AVE. SUITE 2050 ALTAMONTE SPRINGS, FL 32714							
ACIAMONIE	JI KIROJ, 1	2 32714	THE TANDITY E OF MITTOO, I		•		1 HE THIE BILLI	AAMA IAMA BAMA BAMA BI	N BABA BIBU BIBU BIBU	81813 <b>6</b> 1813	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
3 <i>65 w.e.</i> Suite, Apt.		SPRINGS RO	365 WEKIND SPRINGS RC				01282008	Chg-P	CR2E034 (1	2/06\	
SUITE 23 / City & State			Suite 23 /				4. FEI Numbe		ONZEOO+ (1	<u> </u>	olied For
LONGW	ood,	FL	LONGWOOD FL				59-188			Not	Applicable
3277	19	Country Zip Co		Coun	try 1514	5. Certificate of Status Desire			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered Agent		
ROYALL, H. J. JR. 1110 DOUGLAS AVE Suger Address							ナ. J. P.O. Box Numbi	er is Not Acceptable	e) /		
SUITE 205	50				365			SPRINGS			
ALTAMONTE SPRINGS, FL 32714						Te	<u> 23/</u>	, ,	<b>F</b> 1 17	in Code	
8. The above named entity submits this statement for the purpose changing its registered office or registered								th. in the State of F	FL   Z	3 <u>2</u> ar with, a	779 and accept
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and like it applicable. (NOTE: Registered Agent signature required when refinitating)  DATE											
FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be											
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.											
10.	PD	OFFICERS AND	DIRECTORS Delete	11.	E	PD		CHANGES TO OF	\ <b>\tay</b>	Change	Addition
NAME	ROYALL, H. J. JR.  RESS 1110 DOUGLAS AVE SUITE 2050					ROY	ALL, H.	J. JR.	VES Rd	SUIT	0 231
STREET ADDRESS CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				ET ADDRESS -ST-ZIP	50	NEWDO	d FL	32779		
TITLE NAME			☐ Delete	TITL				~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_	Change	Addition
STREET ADDRESS				ET ADDRESS		400125264934 04/23/0801016004 **1398.75				.75	
CITY-ST-ZIP			☐ Delete TITE		-ST-ZIP E		<u> </u>	· <del>- ·</del>		Change	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS						E
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME		☐ Delete III								Change	Addition
STREET ADDRESS					EET ADDRESS -ST-ZIP						
CITY-ST-ZIP			☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS				NAM STRI	ie Eet address						
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM						Change	Addition
STREET ADDRESS					EET ADDRESS						j
CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF PROVING OFFICER OR DIRECTOR Date Daytime Phone #											
SIGNATURE:  SIGNATURE AND TYPED OR PRHYTED NAME OF AND HING OFFICER OR DIRECTOR  A 11/08 407-774-0303  Dayline Phone 8											