

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 031 ***150.00

DOCUMENT # 626674:

1. Entity Name

LIVE ROYALLY, INC.



Principal Place of Business

515 JASMINE LANE
DEERFIELD BEACH FL 33442
US

Mailing Address

515 JASMINE LANE
DEERFIELD BEACH FL 33442
US



2. Principal Place of Business

3. Mailing Address

Jack L. Josey
217 SW 3rd St.
Dania, FL 33004-3928

Jack L. Josey
217 SW 3rd St.
Dania, FL 33004-3928

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEY, JACK L
515 JASMINE LANE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Street Address

City

Jack L. Josey
217 SW 3rd St.
Dania, FL 33004-3928

FL

Zip Code

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JOSEY, JACK L.
STREET ADDRESS 515 JASMINE LANE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Jack L. Josey**
STREET ADDRESS 217 SW 3rd St.
CITY-ST-ZIP Dania, FL 33004-3928

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: *Jack L. Josey* **JACK L. JOSEY** 3/15/06 954-682-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #