2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

Pincipal Pilece of Dusiness	DOCUMENT # 653116 1. Entity Name ROYAL PALM R. V. PARK, INC.					03-09-2006	5 901 64 020 *°	**150.00
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle Sulle	163 CUNNINGHAM LANE 1		163 CUNNINGHAM LANE		1 10 2 11 2 11 2 11 2 11 2 11 2 11 2 11		I BITRII BABII BIRDA BIRDA BIR	fi n kana t i ni kana
City & State	2. Principal Place of Business 3.		3. Mailing Address					
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006	Chg-P	CR2E034 (11/	05)
S. Certificate of Status Desired Fee Required BROOKENS, GALEN BROOKENS, GALEN BIG PINE KEY, FL 33043 City FL Zip Code B. The above named entity submits the statument for the curpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered	City & State		City & State					+ * * * * * * * * * * * * * * * * * * *
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate	of Status Desired		
BROOKENS, GALEN 163 CUNNINGHAM LANE #17 BIG PINE KEY, FL 33043 City FL Zip Code		6: Name and Address of Current R	egistered Agent ~ -		7. Name and	Address of New R	egistered Agent *	
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name				
BIG PINE KEY, FL 33043 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipsed or printed name of registered agent and lef applicable. [NOTE Registered Agent signature required when relocations] PILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10.	163 CUNNINGHAM LANE			Street A	Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and the f scolocible. Signature, typed or preced registered agent and the f scolocible. (NOTE Registered Agent signature required when remittating)	** **							
THE HOUSES IS CUNNINGHAM LANE, #25 IS CUNNINGHAM LANE, #21 IT ILE SINGER ADDRESS IS CITY-ST-2P BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE VD UDSAULT, PHILLIP BIG PINE KEY, FL 33043 TITLE TD UDSAULT, PHILLIP BIG PINE BIG PINE BIG PINE BIG PINE BIG PINE BIG PI					<u> </u>			
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE DB BROOKENS, GALEN ISBEET ADDRESS ISBEET ADDR	the obligat	ions of registered agent.				h, in the State of Flo		with, and accept
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12. Legady cartify that the information complied with this filling does not qualify for the exemptions contained in Chapter 110. Elecide Statutes Lifether cartify that the information	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUSSAULT, PHILLIP 163 CUNNINGHAMLANE, # 37 BIG PINE KEY, FL 33143 TD WITMER, STEPHEN 163 CUNNINGHAM LN., 16	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	THOMAS ESPO 163 CUNNING BIG PINE KEY TD CLAYTON NU 163 CUNNING	HAM LANE 1, FL 3304 MMERDOR HAM LANE	サ23 3 型Cha 	nge 🔲 Addition

12. Thereby 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:

LOUTON MUMMUNDO SIGNATURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02/27/06

305-872-9856

Daytime Phone i