2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 23, 2005 08:00 AM **DOCUMENT # 694798** 1. Entity Name **Secretary of State** ROYAL SANDWICH COMPANY, INC. Principal Place of Business _ Mailing Address 4211 D NORTH SHORE DRVE 4211 D NORTH SHORE DRVE WEST PALM BCH FL 33407 WEST PALM BCH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2112358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYAN, DONALD J. JR. Street Address (P.O. Box Number is Not Acceptable) 3898 LIGHTHOUSE DR PALM BCH GDN FL 33410 City 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition III.£ TITLE Delete BRYAN, ROSALIE P NAME NAME STREET ADDRESS 501 LIGHTHOUSE DRIVE STREET ADDRESS U00000273580 CITY-ST-ZIP N PALM BEACH FL City-ST-ZIP 23/05-80030-010 150.00 Change Addition TITLE Delete BRYAN, DONALD J. JR. STREET ADDRESS 3898 LIGHTHOUSE DR STREET ADDRESS CITY-ST-ZIP PALM BCH GDN FL CITY-ST-ZIP Change Addition TITLE ☐ Defete THE NAME NAME KEARNS, FRANCIS X. STREET ADDRESS 2086 RADNOR COURT STREET ADDRESS CITY-ST-ZIP JUPITER FL OIY-SI-ZIP Change ☐ Addition Delete BRYAN, DONALD J SR NAME NAME 501 LIGHTHOUSE DR STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY - ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-7(P) Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY- ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Monday Joyan Sr. Dou ALO J. BRYAN SR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-05

561-848-6502