

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90030 001 ****61.25

DOCUMENT # 715489	
1. Entity Name ROYAL PALM BONS VIVANTS, INC.	



Principal Place of Business 4791 N. BIMINI CR. WEST PALM BEACH FL 33407	Mailing Address 4791 N. BIMINI CR. WEST PALM BEACH FL 33407
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2. Principal Place of Business 1038 ASPAI WAY	3. Mailing Address 1038 ASPAI WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 33418	Country U.S.A

4. FEI Number 65-0140175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHERRY, ELAINE 4791 N.BIMINI CIRCLE WEST PALM BEACH FL 33407	
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7. Name and Address of New Registered Agent Name GEORGE QUICK Street Address (P.O. Box Number is Not Acceptable) 1038 ASPAI WAY City PALM BEACH GARDENS FL Zip Code 33418	
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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 **George T. Quick**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/9/05**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, MARIAN 3044 SE 35TH AVE OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHERRY, ELAINE 4791 N. BIMINI CIRCLE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, TOM 108 HARRARD DR. LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, TOM PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 HARRARD DR. LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE QUICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1038 ASPAI WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAINE KONZELMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2385 EDGEWATER DR PALM BEACH GARDENS FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **George T. Quick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05
Date

561-845-2624
Daytime Phone #