2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #740478

1. Entity Name
THE ROYAL VAGABONDS CLUB



Principal Place of Business Mailing Address

8440 FINCH AVENUE EAST JACKSONVILLE, FL 32219

8440 FINCH AVENUE EAST JACKSONVILLE, FL 32219 FILED Jan 29, 2007 08:00 AM Secretary of State



01222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2510216

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEET, WILLIAM D JR. 11432 MONTEGO BAY DR. W. JACKSONVILLE, FL 32218

SIGNATURE: _

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	named entity submits this statement for the pulions of registered agent.	rpose of changing its registered	d office or registered agent, or both	n. in the State of Florida. I am familiar with, and accept				
SIGNATURE_	Signature typad or printed name of registered agent and title if a	applicable (NOTE Registered	Agent signature required when reinstating)	DATE				
- :	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	ing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	ORS		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEET, WILLIAM D JR. 11432 MONTEGO BAY DR. W. JACKSONVILLE, FL 32218			U00000607249 01/31/07-80030-003 61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, LOUIS 3113 RIBAULT SCENIC DR. JACKSONVILLE, FL 32208							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, CHARLIE 1343 DOLPHIN STREET ORANGE PARK, FL 32073		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ROOSEVELT 6612 KINLOCKE DRIVE JACKSONVILLE, FL 32208		IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM TROY, DANIEL E JR 8440 FINCH AVENUE EAST JACKSONVILLE, FL 32219							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		tentra (git						
12. I hereby certify that the information supplied with this filling 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 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.								