

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 824307

1. Entity Name

ROYAL CUP, INC.



Principal Place of Business

160 CLEAGE DR
BIRMINGHAM AL 35217
US

Mailing Address

P.O. BOX 170971
BIRMINGHAM AL 35217
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 63-0281988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2007 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 NAME ☐ Delete

C
SMITH JR, WILLIAM E
3405 MONTEVALLO ROAD
BIRMINGHAM AL

TITLE NAME ☐ Delete

V
BAGBY, LAMAR
1236 S. COVE LN.
BIRMINGHAM, AL 00000

TITLE NAME ☐ Delete

P
SMITH, HATTON
3300 CHEROKEE RD
BIRMINGHAM AL

TITLE NAME ☐ Delete

V
LEWIS, EUGENE
34 CLARENDON RD
BIRMINGHAM, AL 00000

TITLE NAME ☐ Delete

D
STPEHENS, J. T.
PO BOX 1943 N/A
BIRMINGHAM AL

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
U000000618834
02/08/07-80046-010 150.00

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
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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 all other like empowered.

SIGNATURE:

Sam E. Bagby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

205-849-5836

Date

Daytime Phone #