


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90044 045 ***158.75

DOCUMENT # F03000000399	
1. Entity Name ROYAL MARKETING, INC.	

Principal Place of Business 10720 72ND STREET SUITE 306 LARGO, FL 33777	Mailing Address 10720 72ND STREET OF STATE SUITE 306 LARGO, FL 33777
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94060406



2. Principal Place of Business 2073 PORTERLAKE DR Suite, Apt. #, etc. Suite E	3. Mailing Address 3440 CANTEN CT Suite, Apt. #, etc.
City & State SARASOTA FL	City & State LAND O LAKES FL
Zip 34340	Country USA
Zip 34639	Country USA

03242004 Chg-P CR2E034 (10/03)

4. FEI Number 58-2655036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EGGUM, BRIAN 10720 72ND STREET SUITE 306 LARGO, FL 33777	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2073 PORTERLAKE DR. Suite E City SARASOTA FL Zip Code 34340	

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 fee, if applicable. (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP EGGUM, BRIAN 10720 72ND STREET LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2073 PORTERLAKE DR. Suite E SARASOTA FL 34340 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____