2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004467

City-St-Zip:

IMMOKALEE, FL 34143

Entity Name: ROYALTY PRODUCTION COMPANY

FILED Apr 30, 2008 Secretary of State

y	mer reciries	THE BOOTHER COMMITTEE			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5221 MILANO STREET IMMOKALEE, FL 34143				5096 AVILA AVENUE IMMOKALEE, FL 34142	
Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
5221 MILANO STREET IMMOKALEE, FL 34143			PO BOX 909 IMMOKALEE, FL 34	PO BOX 909 IMMOKALEE, FL 34143	
FEI Number:	: 73-0974075	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CARMACK, S.J. PATRICK 5221 MILANO STREET IMMOKALEE, FL 34143 US			5096 AVILA AVENU	CARMACK, S.J. PATRICK 5096 AVILA AVENUE IMMOKALEE, FL 34142 US	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:			04/30/2008	
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () CARMACK, S.J PO BOX 909 IMMOKALEE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCVP () CARMACK, ELI PO BOX 909 IMMOKALEE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () CARMACK, ELI PO BOX 909	Delete SABETH A	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ELISABETH A CARMACK SEC. 04/30/2008