

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90051 048 ***150.00

DOCUMENT # F41113
 1. Entity Name
 ROYANNE, INC.



Principal Place of Business
 1350 EWING STREET
 PO BOX 67
 LAUREL FL 34272

Mailing Address
 1350 EWING STREET
 PO BOX 67
 LAUREL FL 34272



2. Principal Place of Business - No P.O. Box #
 2150 LOWE GROVE RD N.W.
 Suite, Apt. #, etc.
 PO BOX 1636
 City & State
 ARCADIA
 Zip
 FL 34265
 Country
 U.S.A.

3. Mailing Address
 2150 LOWE GROVE RD N.W.
 Suite, Apt. #, etc.
 PO BOX 1636
 City & State
 ARCADIA
 Zip
 FL 34265
 Country
 U.S.A.

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2119586 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MISEK, ROY F
 1350 EWING ST PO BOX 67
 LAUREL FL 34272

7. Name and Address of New Registered Agent
 Name
 Roy F. MISEK
 Street Address (P.O. Box Number is Not Acceptable)
 2150 LOWE GROVE RD N.W.
 PO BOX 1636
 City
 ARCADIA FL Zip Code
 34265

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 Roy F. Misek President ROY F. MISEK PRESIDENT
Signature, type 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 STREET ADDRESS CITY - ST - ZIP	DST MISEK, ANNE C 1350 EWING ST PO BOX 67 LAUREL, FL 34272	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MISEK, ROY F 1350 EWING ST PO BOX 67 LAUREL, FL 34272	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MISEK, ANNE C. 2150 LOWE GROVE RD N.W. PO BOX 1636, ARCADIA, FL 34265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MISEK, ROY F. 2150 LOWE GROVE RD N.W. PO BOX 1636, ARCADIA, FL 34265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Roy F. Misek Pres. ROY F. MISEK, PRES 2-6-07
Signature and typed or printed name of signing officer or director Date Daytime Phone #