


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90389 011 ***158.75

DOCUMENT # F47572					
1. Entity Name ENERGY ROYALTIES CORPORATION					
Principal Place of Business 5873 CINDY LANE MILTON, FL 32570			Mailing Address P.O. BOX 4833 MILTON, FL 32572-4833		
2. Principal Place of Business - No P.O. Box # 5744 HERMITAGE CIRCLE		3. Mailing Address Suite, Apt. #, etc.			
City & State MILTON, FL		City & State		4. FEI Number 59-2149554	
Zip 32570		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, JAMES E SR 5873 CINDY LANE MILTON, FL 32570			7. Name and Address of New Registered Agent		
			Name PARKER, JAMES E. SR.		
			Street Address (P.O. Box Number is Not Acceptable) 5744 HERMITAGE CIRCLE		
			City MILTON FL Zip Code 32570		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARKER, JAMES E SR 5873 CINDY LANE MILTON, FL 32570 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 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: 			Date: 04/23/08 Daytime Phone #: 250-516-4562		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					