


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90444 012 ***150.00

DOCUMENT # F98000000419 1. Entity Name ROYAL PALM RANCH LTD., CORPORATION					
Principal Place of Business PO BOX 197 BESSEMER, MI 49911			Mailing Address 9445 NW 60 AVE OCALA, FL 34482 US		
2. Principal Place of Business - No P.O. Box # 9445 NW 60th Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Ocala, FL		City & State		4. FEI Number 38-3183663	
Zip 34482		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI, ELIZABETH 9497 NW 60TH AVE OCALA, FL 34482				7. Name and Address of New Registered Agent Name Lynn Palm Pittion-Rossillon Street Address (P.O. Box Number is Not Acceptable) 9445 NW 60th Ave City Ocala FL Zip Code 34482	
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 <i>Lynn Palm Pittion-Rossillon</i> <i>Elizabeth Salvatori</i> 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSTD PITION-ROSSILLON, LYNN S 9445 NW 60 AVE OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITION-ROSSILLON, CYRIL 9445 NW 60 AVE OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DAVIS, MARIE-FRANCES 9445 NW 60 AVE OCALA, FL 34482	<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			
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: <i>Lynn Palm Pittion-Rossillon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/07 352 629-3310 <small>Date Daytime Phone #</small>		