

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H21559

1. Entity Name
THE ROAL GROUP, INC.



Principal Place of Business
1602 3RD AVE
YBOR CITY
TAMPA, FL 33605 US

Mailing Address
1602 3RD AVE
YBOR CITY
TAMPA, FL 33605 US



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2909980

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GROSS, ALYCE
1602 3RD AVE
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
P
GROSS, ALYCE
1602 3RD AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GROSS, ROCHELLE
1602 3RD AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GROSS, ALYCE
1602 3RD AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GROSS, ROCHELLE
1602 3RD AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000454579
03/15/06-80021-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alyce Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

813-241-9211

Daytime Phone #