


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # H21559 1. Entity Name THE ROAL GROUP, INC.	
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Principal Place of Business 1602 3RD AVE YBOR CITY TAMPA, FL 33605 US	Mailing Address 1602 3RD AVE YBOR CITY TAMPA, FL 33605 US
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02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2909980	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GROSS, ALYCE 1602 3RD AVE TAMPA, FL 33605	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000656427
03/14/07-80026-001 150.00

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	

**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 if 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

3/1/2007

Date

813.241.9213

Daytime Phone #