

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 042 ***150.00

DOCUMENT # H70732

1. Entity Name
ROYAL KEY PROPERTIES, INC.



Principal Place of Business

**6090 SR 80 WEST
ALVA, FL 33920 US**

Mailing Address

**6090 SR 80 WEST
ALVA, FL 33920 US**

2. Principal Place of Business - No P.O. Box #

6090 SR 80 WEST
Suite, Apt. #, etc.

3. Mailing Address

6090 S.R. 80 WEST
Suite, Apt. #, etc.



03232007 Chg-P CR2E034 (12/06)

City & State

Labelle, FL ~~33935~~

City & State

Labelle, FL

4. FEI Number
59-2641502

Applied For
Not Applicable

Zip

33935

Country

U.S.

Zip

33935

Country

U.S.

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

6. Name and Address of Current Registered Agent

**ELAM, MAVIS F.
6118 STATE ROAD 80 WEST
ALVA, FL 33920**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6118 State Road 80 West

City

Labelle

FL

Zip Code

33935

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

Mavis F. Elam

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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ELAM, MAVIS F.	
STREET ADDRESS	6118 STATE ROAD 80 WEST	
CITY - ST - ZIP	ALVA, FL 33920	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELAM, MAVIS F.	
STREET ADDRESS	6118 STATE ROAD 80 WEST	
CITY - ST - ZIP	ALVA, FL 33920	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHULTS, BETHENY, ELAM	
STREET ADDRESS	6090 SR 80 WEST	
CITY - ST - ZIP	ALVA, FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	Labelle, FL 33935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	Labelle, FL 33935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	Labelle, FL 33935
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Betheny Elam-Shults, Betheny Elam-Shults 4-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~339-633-7880~~
339-633-7880