

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90023 031 \*\*\*150.00

**DOCUMENT # J00301**

1. Entity Name

ROYAL CANADIAN MOTEL, INC.



Principal Place of Business

649 MANDALAY AVENUE  
CLEARWATER BEACH FL 34630

Mailing Address

649 MANDALAY AVENUE  
CLEARWATER BEACH FL 34630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE - CR2E034 (10/04)

4. FEI Number

59-2731145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POHLMAN, MARK S  
801 WEST BAY DR #515  
LARGO FL 33-770y

Name Marilena G. Conti/Labricciosa

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

314 Ann Circle

City Clearwater

**FL**

Zip Code 33756

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 Marilena G. Conti Labricciosa Mark Conti

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/07/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LABRICCIOSA, ANTONIO  
STREET ADDRESS 653 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BEACH FL 34630

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CONTI, MARILENA  
STREET ADDRESS 653 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 727446-9421

Date

Daytime Phone #