2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # J17968



**FILED** Apr 24, 2008 08:00 AN Secretary of State

ROYAL SONS MOTOR YACHT SALES, INC.		
Puncipal Place of Business	Mailing Address	
15875 FAIRCHILD DR CLEARWATER FL 33762 US	15875 FAIRCHILD DR CLEARWATER FL 33762 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Siste Aut # etc	S itto Ant # ata	



Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-0718022 Not Applicable Ζıp Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY, II, RONALD W Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE NORTH SAINT PETERSBURG FL 33701 City Zip Code 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. is gnature, typed or mirrod harm of registered indeed and the Templicable fNOTE. Registrated Agent eignature required whom remetatings DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Derete <u>ปกักกัดควากคร</u> NAME GEFFON, FREDRIC J NAME 05/14/08-80027-003 150.00 STHEET ADDRESS 15875 FAIRCHILD DR STREET ADDRESS CLEARWATER FL 33762 CITY-ST-7IP CITY-ST-ZIP TITLE Derete TITLE Change Addition Name NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Derete TRUE TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Deiete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Asolion STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath that I am an officer or director of the corporation or the receiver or trusted embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 11 if changed, or on an affactment with an address, with all other like empowered.

SIGNATURE