

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP -6 PM 7:19

DOCUMENT # J94674			
1. Entity Name ROYAL AMERICAN MORTGAGE CO.			
Principal Place of Business 2701 CLEVELAND AVE FT MYERS, FL 33901 US		Mailing Address 2701 CLEVELAND AVE FT MYERS, FL 33901 US	
2. Principal Place of Business 1726 NEW HAVEN PT LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State West Palm Bch, FL		City & State	
Zip 33411	Country PACMBCH	Zip	Country
4. FEI Number 65-0012952		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYAL, JUDITH A 2701 CLEVELAND AVE FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name PATRICIA J. SHOCHAT Street Address (P.O. Box Number is Not Acceptable) 1726 NEW HAVEN PT LANE City West Palm Bch FL Zip Code 33411	
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: <u>Patricia J. Shochat</u> 400059578794 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 09/13/05--01047--006 **70.00			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYAL, JUDITH A 2701 CLEVELAND AVE FORT MYERS, FL 33901 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR PATRICIA J. SHOCHAT 1726 NEW HAVEN PT LANE West Palm Bch, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP RACHAEL ALTMAN 2556 SW 15th ST DEERFIELD Bch, FL 33422 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Patricia J. Shochat</u>		Date Devilwe Phone #	