## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # K52575 1. Entity Name ROYAL PALM DISTRIBUTING, INC. Principal Place of Business Mailing Address 8720 ATTALLA AVENUE PO BOX 7415 NORTH PORT, FL 34287 NORTH PORT, FL 34287 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0089171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIRRO, PATRICK DO NOT WRITE 8720 ATTALLA AVE NORTH PORT, FL 34287 IN THIS SPACE 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. ed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added\_to Fees 10. OFFICERS AND DIRECTORS TITLE TIRRO, PATRICK NAME 8720 ATTALLA AVENUE U00000212348 02/03/05-80025-024 ISO.U0 STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**