


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90281 017 ***150.00

DOCUMENT # L00631	
1. Entity Name ROYAL CHARIOTS, INC.	

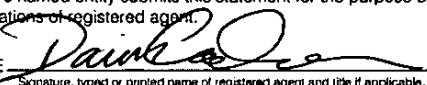
Principal Place of Business % DARIUS L. COCHRAN 3707 CLEVELAND AVE FORT MYERS, FL 33901	Mailing Address % DARIUS L. COCHRAN 3707 CLEVELAND AVE FORT MYERS, FL 33901
---	---

2. Principal Place of Business 11000 metro Pkwy Suite # 1	3. Mailing Address 11000 metro Pkwy Suite # 1
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33912	Country Lee


04222005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0136425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COCHRAN, DARIUS L. 3707 CLEVELAND AVE FORT MYERS, FL 33901	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11000 metro Pkwy, Suite #1 City Fort Myers, FL Zip Code 33912	

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.

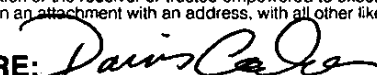
SIGNATURE  **Darius Cochran / President** DATE **4/21/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D COCHRAN, DARIUS L 3707 CLEVELAND AVE FORT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11000 metro Pkwy, Ste #1 Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Darius Cochran / Pres.** Date **4/21/05** 239/332-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #