


**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90045 043 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N04992</b> 1. Entity Name <b>ROYAL PALM PROFESSIONAL CENTER II, INC.</b>	
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Principal Place of Business <b>C/O DON MORGAN 1500 ROYAL PALM SPRINGS BLVD #101 FORT MYERS, FL 33919 US</b>	Mailing Address <b>C/O DON MORGAN 1500 ROYAL PALM SPRINGS BLVD #105 FORT MYERS, FL 33919 US</b>
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**66015991**



03282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2508395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MORGAN, DON  
1500 ROYAL PALM SQUARE BLVD.  
#101  
FORT MYERS, FL 33919**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DEVOR, DR. JACK A. 6001 DUNBAR RD GRANITE FALLS, NC 28630
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MORGAN, DON 1500 ROYAL PALM SQUARE BLVD. #101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BELL, JULIE A 1500 ROYAL PALM SQUARE, BLVD. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:** *Don E. Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05  
Date

239-274-0404  
Daytime Phone #