## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # N48459  1. Entity Name ROYAL PALM PLAYERS, INC.									01-11-2008	90064 0	32 ****61	1.25
333 PARK AVE. #4 P.O.				ling Address D. BOX 954 CA GRANDE, FL 33921					AN BIAN BIBN A	F11 F1811 B1814 B181	<b>2</b> /120 81 /420	
2. Principal F	Place of Busine	ess - No P.O. Box #	3. Maí	ling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01072008	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Numbe 65-0330			A	pplied For
Zip	Zip Country		Zip		Cor	Country		-	of Status Desired		\$8.75 Add	
	6. Name :	and Address of Curren	t Registere	ed Agent		1	!	7 Name and	Address of New	Pagistered		au
-						Name		7. Name and	Address of New	registered	- Agoint	
BATSEL, ( 1861 PLAC SUITE 104	ÇIDA RD.					Street A	Address (F	P.O. Box Numbe	r is Not Acceptab	ole)		
	00D, FL 3	4223										
						City				FL	Zip Coc	de
8. The above	e named entity	submits this statement f	for the purp	ose of changing it	s register	ed office o	r register	ed agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
the obligat	tions of registe	ered agent.										
I SIGNAHJRE												
SIGNATURE		r printed name of registered ager	nt and title it app	ilicable (NO	TE: Registere	ed Agent signa	ture required	when reinstating)		DATE		
SIGNATURE	Signature, typed of	or printed name of registered ager or is \$61.25 ay 1, 2008	nt and title it app	9. Election Ca Trust Fund	ampaign f	Financing	line redinied	\$5.00 May Be Added to Fees	e Flo	Make chec orida Depa	k payable t	tatë.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 than 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. C IC

Daytime Phone #