2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT-# N97000003236

1. Entity Name



FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90038 028 ****61.25

	CHAPTER NO. 49 ROYAL F FLORIDA, INC.	ARCH MASONS						
1101 SOUTH 14TH STREET 110			niling Address 101 SOUTH 14TH STREET RNANDINA BEACH, FL 32035-0950					
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292007	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 23-7591		⊢	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
FULLWOOD, M. DANIEL			Name	11A	SENE	M. 1307	<i>TS</i>	į
853 DIANE DR FERNANDINA BEACH, FL 32034			Stree	Street Address (P.O. Box Number is Not Acceptable) 389 OTTER RUN DRIVE				
			City	FERNA	ANDWA T	BEACH	FL Zp Co	te 034
8. The above the obligat	named entity submits this statement for	r the purpose of changing its					ida. I am familiar with	, and accept
	ions of registered agent.							
SIGNATURE .	ions of registered agent. Signature, typed of philed name of registered agent is	and title of applicable. (NOTE	: Registered Agent sig	prature required	when reinstating)	MAN	RCH 10,20	07
SIGNATURE .	Eugene M	and title of applicable. (NOTE 9. Election Cam Trust Fund C	npaign Financing	9 _	when reinstating) \$5.00 May Be Added to Fees	Ma	DATE ke check payable to be department of S	to
SIGNATURE	Signature, typed of gried name of registered agent a Filling Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing	• 🗆	\$5.00 May Be Added to Fees	Ma Florid	DATE ke check payable	to itate
	Signature, typed originied name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Carr Trust Fund C	npaign Financing ontribution.	• 🗆	\$5.00 May Be Added to Fees	Ma Florid	DATE ke check payable to la Department of S	to itate
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12. Thereby 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 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:

3-10-2007 (904)261-6394

Daytime Phone #