

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000042664

**1. Entity Name
GULF ROYALLE, INC.**



**Principal Place of Business
5914 IET PORT INDUSTRIAL BLVD
TAMPA, FL 33634**

**Mailing Address
5914 IET PORT INDUSTRIAL BLVD
TAMPA, FL 33634**



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3641473**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$6.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, STEPHEN A
201 NORTH FRANKLIN STREET
SUITE 3010
TAMPA, FL 33602**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**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
P
GULLO, GLENN J
10908 JUNIPERUS PLACE
TAMPA, FL 33618**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
FARLEY, FRANCIS E
12011 WANDSWORTH DR.
TAMPA, FL 33626**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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NAME
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CITY - ST - ZIP**

1000000448352
03/09/06-80010-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn J Gullo, President

02/23/2006

Date

813 890-8809

Daytime Phone #