2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035757

1. Entity Name ROYAL PALM PUBLISHING CO.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

816 JUNGLE QUEEN WAY LONGBOAT KEY, FL 34228

Mailing Address

POST OFFICE BOX 62 LONGBOAT KEY, FL 34228



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1105250 Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered

NUTTER, TED 240 N WASHINGTON BLVD STE 430 SARASOTA, FL 34236

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

| the obligat | named entity submits this statement for the ptions of registered agent. | ourpose of changing its i | registered office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and ac | 20 |
|---------------------------------------|---|---|----------------------------|--------------------------------|---|----|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | d applicable. (NOTE | Registered Agent signature | required when reinstating) | DATE | - |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaig Trust Fund Contr | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | _ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HUNTER, RALPH B 816 JUNGLE QUEEN WAY LONGBOAT KEY, FL 34228 | | | 05/ | U00000922882 16/08-80008-014 150.00 | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | SVD HUNTER, CLAIRE A 816 JUNGLE QUEEN WAY LONGBOAT KEY, FL 34228 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME | | | | • | | |

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 direct 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