


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 007 ***150.00

DOCUMENT # P01000116875

1. Entity Name
ROYAL IMPERIAL INVESTMENTS, INC.



Principal Place of Business Mailing Address

NANCY J SHEEHAN 1188 IMPERIAL DR NAPLES FL 34110 **NANCY J SHEEHAN 1188 IMPERIAL DR NAPLES FL 34110**

Nancy J. Sheehan *Same*

2. Principal Place of Business 3. Mailing Address

1188 Imperial Dr *Same*


Suite, Apt. #, etc. Suite, Apt. #, etc.

NAPLES, FL

City & State City & State

Zip Country Zip Country

34110 *Collier*



1st MOORE CR2E034 (10/05)

4. FEI Number **03-0461427** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**SHEEHAN, NANCY J
 200 FOREST LAKES BLVD STE 309
 NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Nancy J. Sheehan* DATE *4-14-06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, NANCY J	
STREET ADDRESS	200 FOREST LAKES BLVD 309	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, JASON L	
STREET ADDRESS	1754 IMPERIAL GOLD COURSE BLVD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVILLE, NORMA G	
STREET ADDRESS	136 CYPRESS WAY, #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, SUZEANN	
STREET ADDRESS	200 FOREST LAKES BLVD 10 311	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheehan, Jason L	
STREET ADDRESS	1188 Imperial Dr	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deville, Norma G	
STREET ADDRESS	225 Turtle Lake Ct # 203	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy J. Sheehan* **NANCY J. Sheehan** DATE: *4-14-06* (239) 597-0566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #