2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 08, 2004 08:00-AM Secretary of State DOCUMENT # P02000116364 ROYE ENTERPRISES, INC. Mailing Address Principal Place of Business 2228 IMPERIAL GOLF COURSE BLVD. 2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 NAPLES, FL 34110 02162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 30-0131348 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROYE, WILLIAM E 2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 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, typed or printed name of registered againt and title if applicable (NOTE, Registered Agent algorithms required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIME ROYE, WILLIAM E NAME STREET ADDRESS 2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 CITY-ST-ZIP TITLE ROYE, LADONNA S NAME U00000106530 04/08/04-80020-001 150.00 2228 IMPERIAL GOLF COURSE BLVD. STREET ADDRESS NAPLES, FL 34110 CSTY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stelled in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall lave 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:

TITLE NAME STREET ABORESS CRY-ST-ZIP

OR PRINTED NAME OF EXCHING OFFICE OF DIRECT OF

Cipsis 6,2004 239/594-7788

FILED