

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001777

1. Entity Name
ROYAL INN INVESTMENT INC



Principal Place of Business
2900 S PINE AVE
OCALA, FL 34471 US

Mailing Address
2900 S PINE AVE.
OCALA, FL 34471

FILED
06 JUL 13 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02/15/06 90050 026 \$150.00
07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1166719
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANG, RONG HWA
2900 S PINE AVE
OCALA, FL 34471

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WANG, RONG HWA
STREET ADDRESS	2900 S PINE AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	LIU, MEI YUN
STREET ADDRESS	2900 S PINE AVE
CITY-ST-ZIP	OCALA, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

\$77/18

**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

Date

Daytime Phone #