2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011785

236 S.W. 1ST AVENUE

DELRAY BEACH, FL 33444

Address:

City-St-Zip:

Entity Name: ROYAL ROOTS LAWN & GARDEN INC.

FILED Apr 14, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
	1ST AVENUE BEACH, FL 33444			
Current N	lailing Address:	New Mailing Address:		
	1ST AVENUE BEACH, FL 33444			
FEI Number	: 04-3747484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	l Address of Current Registered Ager	nt: Name and Address of New Registered Agent:		
236 S.W.	ADO, DOMINGO 1ST AVENUE BEACH, FL 33444 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or	both,	
SIGNATUI				
	Electronic Signature of Registere	d Agent Date		
Election Ca	mpaign Financing Trust Fund Contribution()			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete MALDONADO, DOMINGO 236 S.W. 1ST AVENUE DELRAY BEACH, FL 33444	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	V () Delete MALDONADO, ROSA 236 S.W. 1ST AVENUE DELRAY BEACH, FL 33444	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete MALDONADO, JOHNNEIL 236 S.W. 1ST AVENUE DELRAY BEACH, FL 33444	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	T () Delete MALDONADO, ABIGAIL	Title: () Change () Addition Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DOMINGO MALDONADO	Р	04/14/2009
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