## \*\* 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000014433

ROYAL CARRIAGE OF SW FLORIDA, INC.



FILED Mar 21, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

2209 EASY STREET

PORT CHARLOTTE, FL 33952

Mailing Address

2209 EASY STREET

PORT CHARLOTTE, FL 33952



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 71-0932983

Applied For Nat Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, LAURA J 2209 EASY STREET PORT CHARLOTTE, FL 33952

## DO NOT WRITE IN THIS SPACE

|   |   | į  |                               |                                |  |  |
|---|---|--|-------------------------------|--------------------------------|--|--|
| 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   |   |  |                               |                                |  |  |
| FILI<br>After Ma  | E NOWIII FEE IS \$150.00<br>by 1, 2006 Fee will be \$550.00         | Election Campaign Finan-<br>Trust Fund Contribution. | cing                          | \$5.00 May Be<br>Added to Fees | <u> </u>                               |  |
| 10. OFFICERS AND DIRECTORS  |   |  |                               |                                | <del>- 64/65/66-86641-886-150.60</del> |  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>LEWIS, LAURA J<br>2209 EASY STREET<br>PORT CHARLOTTE, FL 33952 |  |                               |                                |  |  |
| Title<br>Name<br>Stille address<br>City-st-zip  |   |  |                               |                                |  |  |
| title<br>Name<br>Street address<br>City-St-ZIP  |   |  | DO NOT WRITE<br>IN THIS SPACE |                                |  |  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CHTY-ST-ZIP  |   |  |                               |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                               |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                               |                                |  |  |
| 12. Thereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all piper like empowered.

SIGNATURE:

RINDEONAME OF SIGNING OFFICER OR DIRECTOR

March 14 2006 941-629-7774