

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000056137

1. Entity Name
ROYAL ACADEMY CORPORATION



Principal Place of Business
1001 GREENWOOD BOULEVARD
LAKE MARY, FL 32746

Mailing Address
1001 GREENWOOD BOULEVARD
LAKE MARY, FL 32746



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0692064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMACHO, ROSALINDA U
1001 GREENWOOD BOULEVARD
LAKE MARY, FL 32746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
CAMACHO, EDGAR E
1001 GREENWOOD BOULEVARD
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CAMACHO, ROSALINDA U
1001 GREENWOOD BOULEVARD
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Vice president
Edgar Camacho*

U00000476956
04/06/06-80031-007 150.00

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 #

03/15/06 (407) 362-1851