

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 041 ***150.00

DOCUMENT # P03000084580

1. Entity Name

ROYALE PROPERTIES INC.



Principal Place of Business

1408 CREST DR
LAKE WORTH FL 33461

Mailing Address

PO BOX 249
MELBOURNE FL 32902



2. Principal Place of Business

2117 So. Babcock ST
Suite, Apt. #, etc.
274

3. Mailing Address

2117 So. Babcock ST
Suite, Apt. #, etc.
274

1st MOORE

CR2E034 (10/05)

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

20-0126357

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POHLE, LAURA
1408 CREST DR
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name: NICHOL, HOLLY D.
Street Address (P.O. Box Number is Not Acceptable): 322 TANGELO STREET
City: Sebastian FL Zip Code: 32958

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

Holly D. Nichol

April 3 2006

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	POHLE, LAURA	
STREET ADDRESS	1408 CREST DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOL, HOLLY D	
STREET ADDRESS	307 PALMETTO AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOL, HOLLY, D.	
STREET ADDRESS	2117 So. Babcock ST # 274	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Holly D. Nichol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3 2006 2888337

Date

Daytime Phone #