

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90112 019 \*\*\*150.00

**DOCUMENT # P03000145232**

1. Entity Name  
**ROY SENIOR PAPERHANGERS INC**



Principal Place of Business  
**1091 TRAILWAY LANE  
WEST PALM BEACH, FL 33417 US**

Mailing Address  
**1091 TRAILWAY LANE  
WEST PALM BEACH, FL 33417 US**

40033402



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03222005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**20-0453742**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHN PORTER ACCOUNTING INC.  
1403 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33426**

**7. Name and Address of New Registered Agent**

Name  
**John Porter Accounting**

Street Address (Please print)  
**400 S. Federal Hwy. • Suite 404**

City  
**Boynton Beach, FL 33425** Zip Code

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)

**03/22/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
SENIOR, ROY  
1091 TRAILWAY LANE  
WEST PALM BEACH, FL 33417**

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Roy Senior Pres**

**4-11-05 561-640-0663**  
Date Daytime Phone #