


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000032275</b> 1. Entity Name <b>DAVID M. ROY, INC.</b>	
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Principal Place of Business <b>19259 CARIBBEAN CT TEQUESTA, FL 33469</b>	Mailing Address <b>19259 CARIBBEAN CT TEQUESTA, FL 33469</b>
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01142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-0768435** ☐ Applies ☐ Not Applicable

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

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

<b>ROY, DAVID M 19259 CARIBBEAN CT TEQUESTA, FL 33469</b>
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**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 the obligations of registered agent.

SIGNATURE **DAVID M. ROY**  **1/16/06**  
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** **01/24/06-80055-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROY, DAVID M 19259 CARIBBEAN CT TEQUESTA, FL 33469</b>
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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, changed, or on an attachment with an address, with all other like empowered.

**1/16/06**