## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000072581

FILED Jan 06, 2009 Secretary of State

Entity Name: ROYAL CARE A.C.L.F., INC. **Current Principal Place of Business: New Principal Place of Business:** 5081 DUNN ROAD FORT PIERCE, FL 34981 **Current Mailing Address: New Mailing Address:** 5081 DUNN ROAD FORT PIERCE, FL 34981 FEI Number: 11-3717999 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAUCHETT, THOMAS 5081 DUNN ROAD FORT PIERCE, FL 34981 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition

RAUCHETTE, THOMAS RAUCHETTE, THOMAS Name: Name: 5081 DUNN ROAD 5081 DUNN ROAD Address: Address: FORT PIERCE, FL 34981 City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

RAUCHETTE, PAULA RAUCHETTE, PAULA Name: Name: 5081 DUNN ROAD Address: 5081 DUNN ROAD Address: FORT PIERCE, FL 34981 FORT PIERCE, FL 34981 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: THOMAS RAUCHETT 01/06/2009