

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

04-28-2006 90145 020 ***150.00

DOCUMENT # P05000098419 1. Entity Name ROYAL PALM LEASING, INC.																																																																						
Principal Place of Business 340 ROYAL PALM WAY SUITE 101 PALM BEACH, FL 33480			Mailing Address 340 ROYAL PALM WAY SUITE 101 PALM BEACH, FL 33480																																																																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																			
4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-4962127</div>			Applied For <input type="checkbox"/> Not Applicable																																																																			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent <div style="font-size: 1.2em; margin-left: 20px;">GY</div> VALDES FAUL CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE SUITE 500E WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL Zip Code </div>																																																																		
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 _____ (NOTE: Registered Agent signature required when rotating) DATE _____																																																																						
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>P.S.T. MARK W. COOK</td> <td>340 ROYAL PALM WAY # 101</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		P.S.T. MARK W. COOK	340 ROYAL PALM WAY # 101	PALM BEACH, FL 33480		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
	P.S.T. MARK W. COOK	340 ROYAL PALM WAY # 101	PALM BEACH, FL 33480																																																																			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
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: <u>MARK W. COOK</u> 7-20-06 361 837 8624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																						

ATTACHMENT 66022316
Royal Palm Leasing Inc
340 Royal Palm Way
Suite 101
Palm Beach, FL 33480
561-837-8624

July 20, 2006

RE: Document # P05000098419

To Whom It May Concern:

Please find enclosed the completed 2006 Annual Report for Royal Palm Leasing Inc.

I am requesting that the late payment be waived as notice was not received that the report was incomplete..

I believe there was some confusion back in April when the report was filed under the name of Royal Palm Transport Inc., shortly thereafter a name change was filed. The check was cashed and the next notice I received was a Notice of Intent to Dissolve.



Jayne Barton

Accounts Payable