

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90003 035 \*\*\*150.00

<b>DOCUMENT # P05000161951</b> 1. Entity Name <b>ROYAL AMERICAN REAL ESTATE &amp; INVESTMENT COMPANY INCORPORATED</b>					
Principal Place of Business <b>5935 US 27 NORTH SUITE 106B SEBRING, FL 33870</b>			Mailing Address <b>5935 US 27 NORTH SUITE 106B SEBRING, FL 33870</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAGER, ELIZABETH R</b> <b>5935 US 27 NORTH</b> <b>SUITE 106B</b> <b>SEBRING, FL, FL 33870</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reissuing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAGER, ELIZABETH R		NAME		
STREET ADDRESS	5935 US 27 NORTH, SUITE 106B		STREET ADDRESS		
CITY - ST - ZIP	SEBRING, FL 33870		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, WARREN W		NAME		
STREET ADDRESS	5935 US 27 NORTH, SUITE 106B		STREET ADDRESS		
CITY - ST - ZIP	SEBRING, FL 33870		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEFFNER, JODIE L		NAME		
STREET ADDRESS	5935 US 27 NORTH, SUITE 106B		STREET ADDRESS		
CITY - ST - ZIP	SEBRING, FL 33870		CITY - ST - ZIP		
TITLE	S/T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWSON, STACEY		NAME		
STREET ADDRESS	5935 US 27 NORTH, SUITE 106B		STREET ADDRESS		
CITY - ST - ZIP	SEBRING, FL 33870		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE: W. J. COSE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>WARREN W. SNYDER</b> <b>2/2/06</b> <b>(863) 462-2244</b> <small>Date Daytime Phone #</small>		

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02082006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3982404** Applied For ☐ Not Applicable ☒

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