

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90258 022 \*\*\*150.00

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<b>DOCUMENT # P06000052128</b> 1. Entity Name <b>ROYAL SHELL PREFERRED PROPERTIES, INC.</b>			
Principal Place of Business <b>695 TARPON BAY ROAD, SUITE 3 SANIBEL, FL 33957 US</b>		Mailing Address <b>695 TARPON BAY ROAD, SUITE 3 SANIBEL, FL 33957 US</b>	
2. Principal Place of Business - No P.O. Box # <b>15050 CAPTIVA DR</b>		3. Mailing Address <b>15050 CAPTIVA DR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CAPTIVA, FL</b>		City & State <b>CAPTIVA, FL</b>	
Zip <b>33924</b>		Zip <b>33924</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-4798907</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP <b>P ROBERTS, RALPH L SR. 7340 NW US HWY 27 OCALA, FL 34482</b>	<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 <b>D ROBERTS, MARY D 7340 NW US HWY 27 OCALA, FL 34482</b>	<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 <b>D ROBERTS, RALPH L II 600 GILLAM ROAD WILMINGTON, OH 45177</b>	<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 <b>D ROBERTS, ROBY L 600 GILLAM ROAD WILMINGTON, OH 45177</b>	<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 <b>V DELUCA, DONALD R 695 TARPON BAY RD, SUITE 3 SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP <b>15050 CAPTIVA DR CAPTIVA, FL. 33924</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP <b>S WADE, JEFFREY C 695 TARPON BAY ROAD, SUITE 3 SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP <b>15050 CAPTIVA DR CAPTIVA, FL. 33924</b>	<input checked="" 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:		Date: <b>4/28/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	