

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052128

FILED
Mar 17, 2009
Secretary of State

Entity Name: ROYAL SHELL PREFERRED PROPERTIES, INC.

Current Principal Place of Business:

15050 CAPTIVA DR
CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

15050 CAPTIVA DR
CAPTIVA, FL 33924 US

New Mailing Address:

FEI Number: 20-4798907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ROBERTS, RALPH L SR.
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ROBERTS, MARY D
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ROBERTS, RALPH L II
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: D () Delete
Name: ROBERTS, ROBY L
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: V () Delete
Name: DELUCA, DONALD R
Address: 15050 CAPTIVA DR
City-St-Zip: CAPTIVA, FL 33924

Title: S () Delete
Name: WADE, JEFFREY C
Address: 15050 CAPTIVA DR
City-St-Zip: CAPTIVA, FL 33924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JEFFREY C. WADE

S

03/17/2009

Electronic Signature of Signing Officer or Director

Date