## **2007 FOR PROFIT CORPORATION**

## May 07, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P93000025404 ROYAL LANES BOWLING, INC. Principal Place of Business Mailing Address 44 ROBINGROVE RD 1927 BRINSON RD LUTZ, FL 33558 TORONTO, ON M2R2Z-9 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3325553 \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent REIBER, SAM DO NOT WRITE 3821 HENDERSON BLV'D TAMPA, FL 33629 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WOOLF, NEVILLE L MR U000000761622 STREET ADDRESS 44 ROBINGROVE RD 05/25/07-80062-011 150.00 CITY-ST-ZIP TORONTO, ON M2R 2Z9 TITLE NAME WOOLF, SHARON DIMRS STREET ADDRESS 44 ROBINGROVE ROAD CITY-ST-ZIP TORONTO, ON M2R 2Z9 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 the processor of the corporation or the corporation of the corporation of the corporation of the corporation of the receiver of 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 with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP

INTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED