


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000083972 1. Entity Name ROYAL AMERICAN HOSPITALITY, INC.	
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Principal Place of Business 1002 W 23RD ST SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 W 23RD ST SUITE 400 PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number <u>59-3121430</u>	59-3212430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J
1002 W 23RD ST
SUITE 400
PANAMA CITY, FL 32405

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPMAN, JOSEPH F III
STREET ADDRESS	1002 W 23RD ST SUITE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	PTD
NAME	BARR, JIMMY D
STREET ADDRESS	1002 W 23RD ST / STE - 400
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VASD
NAME	CHAPMAN, JOSEPH F IV
STREET ADDRESS	1002 W 23RD ST SUITE 400
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	S
NAME	PIPPIN, LAURETTA J
STREET ADDRESS	1002 W 23RD ST / STE - 400
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	V
NAME	CLEMO, SCOTT C
STREET ADDRESS	1002 W 23RD STREET STE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80023-025 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Laretta J. Pippin, Secretary 4/25/05 (850) 769-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #