


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000015400		
1. Entity Name F. ROYALS, INC.		
Principal Place of Business 848 PARK AVENUE 844 PARK AVE LAKE PARK, FL 33403 US		Mailing Address 848 PARK AVENUE 844 PARK AVENUE LAKE PARK, FL 33403 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ROYALS, FAITH G 844 PARK AVENUE LAKE PARK, FL 33403		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ROYALS, FAITH G	
STREET ADDRESS	844 PARK AVENUE	
CITY - ST - ZIP	LAKE PARK, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <u><i>Faith G. Royals, Pres</i></u> <u>3/14/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY</small> Daytime Phone # _____		



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0641465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

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03/17/05-80036-016 150.00

**DO NOT WRITE
IN THIS SPACE**