

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 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 3343 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0641465	
				☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYALS, FAITH G 844 PARK AVENUE LAKE PARK FL 33403			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 agree to the obligations of registered agent.					
SIGNATURE <u><i>Faith G. Royals, Pres</i></u>				DATE <u><i>3-29-06</i></u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Delete	TITLE	☐ Change	☐ Add	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Add	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Add	
NAME		NAME			
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TITLE	☐ Delete	TITLE	☐ Change	☐ Add	
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Add	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Faith Royals, Pres</i></u> <u><i>Faith Royals, Pres</i></u> <u><i>3-29-06</i></u> <u><i>561-267</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					