

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90059 040 \*\*\*150.00

DOCUMENT # P96000096225

1. Entity Name

ROYAL HORSE DRAWN CARRIAGES, INC.



Principal Place of Business

2213 CYPRESS ISLAND DRIVE  
BLDG. 64- SUITE 507  
POMPANO BEACH FL 33069

Mailing Address

2213 CYPRESS ISLAND DRIVE  
BLDG. 64- SUITE 507  
POMPANO BEACH FL 33069



2. Principal Place of Business - No P.O. Box #

4199 WILLOWOOD LANE

Suite, Apt. #, etc.

3. Mailing Address

4199 WILLOWOOD LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LAKEWORTH, FL

City & State

LAKEWORTH, FL

4. FEI Number

65-0735653

Applied For

Not Applicable

Zip

Country

33462

Zip

Country

33462

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WETZEL, JAMES  
2213 CYPRESS ISLAND DRIVE  
BLDG. 64- SUITE 507  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

JAMES WETZEL

Street Address (P.O. Box Number is Not Acceptable)

4199 WILLOWOOD LANE

City

LAKEWORTH

FL

Zip Code

33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WETZEL, JAMES ☐ Delete  
STREET ADDRESS 2213 CYPRESS ISLAND DR-864-STE# 507  
CITY- ST- ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME JAMES WETZEL  
STREET ADDRESS 4199 WILLOWOOD LANE  
CITY- ST- ZIP LAKEWORTH, FL 33462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*James Wetzel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

954-971-9820

Date

Daytime Phone #