## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000040270

Entity Name: FLORIDA ROYALE, INC.

FILED Jan 11, 2005 Secretary of State

**Current Principal Place of Business:** 

2710 N. ORANGE BLOSSOM TRAIL, SUITE 202

KISSIMMEE, FL 34744

**New Mailing Address:** 

KISSIMMEE, FL 34744

2710 N. ORANGE BLOSSOM TRAIL, SUITE 202

KISSIMMEE, FL 34744

FEI Number: 59-3447439

KISSIMMEE, FL 34744

WILSON, CHRIS

**Current Mailing Address:** 

2710 N. ORANGE BLOSSOM TRAIL, SUITE 201

**New Principal Place of Business:** 

KISSIMMEE, FL 34744

FEI Number Not Applicable ( )

FEI Number Applied For ( )

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

2710 N. ÓRANGE BLOSSOM TRAIL, SUITE 202

Name and Address of New Registered Agent:

2710 N. ORANGE BLOSSOM TRAIL, SUITE 201

WILSON, CAROLYN B

2710 N. ÓRANGE BLOSSOM TRAIL, SUITE 201

KISSIMMEE, FL 34744

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.

SIGNATURE: CAROLYN B WILSON

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete

WILSON, CHRIS Name:

2710 N. ORANGE BLOSSOM TRAIL, SUITE 202 Address:

City-St-Zip: KISSIMMEE, FL 34744

Title: VΡ (X) Delete Name: BUTLER, RICHARD J 2080 HEMINKWAY AVE Address:

HAINES CITY, FL 33844 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

(X) Change ( ) Addition

WILSON, CAROLYN B Name:

2710 N. ORANGE BLOSSOM TRAIL, SUITE 201 Address:

City-St-Zip: KISSIMMEE, FL 34744

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN B. WILSON D/P 01/11/2005