

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 002 ***150.00

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1. Entity Name
713 KEY ROYALE CORP.



Principal Place of Business
713 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

Mailing Address
~~713 KEY ROYALE DRIVE~~
~~HOLMES BEACH, FL 34217~~

40 MARGARET SHOAF CPA
2100 S. TAMiami TRAIL

Suite #200, SARASOTA FL. 34239



DO NOT WRITE IN THIS SPACE

02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0771904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOAF, MARGARET CPA
2100 S TAMiami TRAIL
200
SARASOTA, FL 34239

**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

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, 2008 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	SCHOENFELDER, MARIO
STREET ADDRESS	713 KEY ROYALE DRIVE
CITY - ST - ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	SCHOENFELDER, CHRISTIANE
STREET ADDRESS	713 KEY ROYALE DRIVE
CITY - ST - ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: MARIO SCHOENFELDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-2008

Date

941 778 8661

Daytime Phone #