


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 22 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000068030	
1. Entity Name ROYAL PALM BUILDERS I, INC.	

Principal Place of Business 5811 PELICAN BAY BLVD. #208 NAPLES, FL 34108	Mailing Address 5811 PELICAN BAY BLVD. #208 NAPLES, FL 34108
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2. Principal Place of Business 5679 Naples Blvd	3. Mailing Address 5679 Naples Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL
Zip 34109	Country
Zip 34109	Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3524881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAWSON, LINDA A ESQ. 866 99TH AVENUE NORTH NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Lisa Barnett Street Address (P.O. Box Number is Not Acceptable) 821 Fifth Ave. S., Suite 201 City Naples FL Zip Code 34102
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD. #208 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Coleman, Stephen D 5679 Naples Blvd Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, JEFFREY A 5811 PELICAN BAY BLVD. # 208 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Coleman, Jeffrey A 5679 Naples Blvd Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, MARK L 5811 PELICAN BAY BLVD. # 208 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Coleman, Mark L 5679 Naples Blvd Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Stephen D Coleman 235-566-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #