## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900007144

Principal Place of Business

10270 ST. PATRICK LANE BONITA SPRINGS, FL 34135

ROYCO ENTERPRISES, INC.

Mailing Address

10270 ST. PATRICK LANE BONITA SPRINGS, FL 34135

## FILED Apr 08, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3550384 Not Applied be

5. Certificate of Status Desired

03262004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LAYDEN, ROY L JR. 10270 ST. PATRICK LANE BONITA SPRINGS, FL 34135

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

No Chg-P

	enamed entity submits this statement for the p tions of registered agent.	surpose of changing its registered of	fice or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title fi	t applicable (NOTE Registered Agen	t signature	required when roinstailings	DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		<del></del>	And the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYDEN, ROY L JR. 10270 ST. PATRICK LANE BONITA SPRINGS, FL 34135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAYDEN, LAURA 10270 ST. PATRICK LANE BONITA SPRINGS, FL 34135	***			U00000106305 04/08/04-80010-009 150	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	<del></del>
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-DP			~		<del>V</del>	
TITLE NAME						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. Thinher 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.

SURATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President