
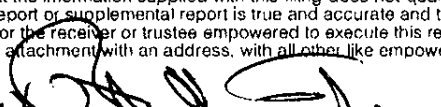


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FINAL RETURN FILED
Mar 03, 2008 08:00 A
BUSINESS SECRETARY OF STATE

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| DOCUMENT # P99000060040 1. Entity Name ROYAL SERVICE SUPPLY, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 16121-4 PINE RIDGE ROAD FT. MYERS, FL 33908 | | | Mailing Address BHGP CP 734 ALPHA DRIVE SUITE A HIGHLAND HEIGHTS, OH 44143 US | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 65-0937231 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applied | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GOUKLER, ROBERT N 16121-4 PINE RIDGE ROAD FT. MYERS, FL 33908 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | |
| 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 acknowledge the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOUKLER, ROBERT N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14981 CANAAN DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. MYERS, FL 33908</td> <td></td> </tr> </table> | | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | GOUKLER, ROBERT N | | STREET ADDRESS | 14981 CANAAN DRIVE | | CITY - ST - ZIP | FT. MYERS, FL 33908 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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| 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 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE:  2/26/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | |