## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # S21750 1. Entity Name 400 ROYAL PALM, INC. Principal Place of Business ... Mailing Address 400 ROYAL PALM WAY \_ 400 ROYAL PALM WAY STE. #206 STE. #206 PALM BEACH, FL 33480 PALM BEACH, FL 33480 01122005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-1709670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANNON, ROBERT W DO NOT WRITE C/O 400 ROYAL PALM WAY LTD. PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 IN THIS SPACE PALM BEACH, FL 33480 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 tiffe II applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CANNON, ROBERT W NAME STREET ADDRESS 400 ROYAL PALM WAY, SUITE 206 CITY - ST - ZIP PALM BEACH, FL 33480 N000000555068 TITLE 02/09/05-80058-012 150.00 NAME STREET ADDRESS City.st.7iP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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.

annu

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRLET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

Daytime Phone #

**FILED**