

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S49378

1. Entity Name
ROYAL SERVICE & EQUIPMENT, INC.



Principal Place of Business
**4929 MURRAY HILLS DRIVE
TAMPA, FL 33615**

Mailing Address
**4929 MURRAY HILLS DRIVE
TAMPA, FL 33615**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3060528

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LORENZO, JACK E. SR.
4929 MURRAY HILLS DRIVE
TAMPA, FL 33615**

**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 fee applicable.

(NOTE: Registered Agent's signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DP
LORENZO, JACK E. S
4929 MURRAY HILL DRIVE
TAMPA, FL 33615**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VP
LORENZO, JACK E. J
10903 TAILFEATHER CT.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**S
LORENZO, GARY A.
4929 MURRAY HILL DRIVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

100000384957
01/17/06-80036-009 150.00

**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 another fee empowered.

SIGNATURE: Jack Lorenzo SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEBIT TO PROCEED

11/10/06 813-888-7892