

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # S79713

1. Entity Name
ROYAL AUTO TRIM, INC.



Principal Place of Business

4461 SW FARMINGTON ST
PORT SAINT LUCIE, FL 34953 US

Mailing Address

4461 SW FARMINGTON ST
PORT SAINT LUCIE, FL 34953 US



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0283806

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

MCBRIDE, TIMOTHY E.
4461 SW FARMINGTON ST
PORT SAINT LUCIE, FL 34953

**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 title if applicable.

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCBRIDE, TIMOTHY E.
STREET ADDRESS 4461 SW FARMINGTON ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE D
NAME MCBRIDE, DIANE L.
STREET ADDRESS 4461 SW FARMINGTON ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE
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000000894020
04/24/08-80011-011 150.00

**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 all other like empowered.

SIGNATURE:

Diane McBride Diane McBride

4/08/08

772-785-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #