2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-19-2007 90024 023 ***150.00

DOCUMENT # P98000057919 1. Entity Name D. DARYL ROMANO, P.A.				.	07 OCT -4 PM 18 SECRETARY OF S NULAHASSEE.FL		
112 S MAGNOLIA AVE 112 S STE 220 STE 22		Mailing Address 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606	us	40120075			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 2007.			<i>U</i> U73				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152007 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-3520143	⊢	olied For Applicable	
Zip	Country	Zip33622	Country	5. Certificate of Status Desir	ed \$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Agent		
ROMANO, D DARYL 112 S MAGNOLIA AVE STE 220			Name Sireet Address	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA, FL 33606					-		
			City		FL Zip Code	3	
	named entity submits this statement to ions of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the State	ol Florida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent is	nd ide il applicable (NOTE	E: Registired Agent signature requi	ad when renessing)	DATE		
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	Election Campai Trust Fund Cont		5.00 May Be ided to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	N 11	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP ROMANO, D. DARYL 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33808	C) Delete	TITLE MAME STREET ADDRESS CITY-ST-ZP		Change	Addition	
HILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekte	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oeletz	TITLE NAME STREET ADDRESS		☐ Change	Addition	
	1		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S1-ZP TITLE NAME STREEL ADDRESS CITY-S1-ZIP		☐ Change	Addition	
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				

7-14.07 813-293-9000 Date Dept.tra Prome:

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DOCUMENT # P98000057919 1. Entity Name D. DARYL ROMANO, P.A. Principal Place of Business Mailing Address 112 S MAGNOLIA AVE 112 \$ MAGNOLIA AVE STE 220 STE 220 TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 09122007 Chg-P City & State City & State 4. FEI Number Applied For 59-3520143 Not Applicable Zio Country Zio. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMANO, D DARYL Street Address (P.O. Box Number is Not Acceptable) 112 S MAGNOLIA AVE **STE 220** TAMPA, FL 33606 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Re In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fee Due by September 14, 2007 ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DPVP TITLE ☐ Change ☐ Addition TITLE ☐ Delete ROMANO, D. DARYL NAME NAME STREET ADDRESS 112 S MAGNOLIA AVE STE 220 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITYESTEZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #