

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 015 ***150.00

DOCUMENT # 203783

1. Entity Name

THE ROMAINE, INC.



Principal Place of Business

320 INLET WAY
PALM BEACH SHORES
PALM BEACH SHORES FL 33404

Mailing Address

320 INLET WAY
PALM BEACH SHORES
PALM BEACH SHORES FL 33404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2485267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTL, ROBERT
320 INLET WAY
PALM BCH SHORES FL 33404

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 accept the obligations of registered agent.

SIGNATURE

Robert Hartl

ROBERT HARTL, PD

DATE

4-3-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HENIG, MARY	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, KENNETH	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BCH SHRS FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, MARGIE	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTL, ROBERT	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BCH SHRS FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, BRONWEN	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENIG, MARY	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAAB, JEAN	
STREET ADDRESS	320 INLETWAY	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, BRONWEN	
STREET ADDRESS	320 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margie Moore* MARGIE MOORE

4-3-06

561-842-3586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #