## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # 325827 1. Entity Name ROMOCO, INC. Mailing Address Principal Place of Business 3340 N ROOSEVELT BLVD 3340 N ROOSEVELT BLVD STE 6 KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1237968 Not Applicab Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWER, LLOYD P JR Street Address (P.O. Box Number is Not Acceptable) 3340 N ROOSEVELT BLVD #6 KEY WEST FL 33040 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May P 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Delete ☐ Change ☐ Addition HELE TITLE BREWER, LLOYD P JR MAME NAME U000000207727 STREET ADDRESS 3340 N ROOSEVELT BLVD STREET ADDRESS 02/01/05-80055-006 150.00 CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 VSD HILE Change Additio ☐ Delete TITLE BREWER, LETA P NAME NAME STREET ADDRESS 3340 N ROOOSEVELT BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TiTLE ☐ Change Addin THUE D Delete NAME NAME BREWER, LLOYD PRESION III SIREET ADDRESS STREET ADDRESS 3725 HEY. #115 S. CITY-ST-ZIP CITY-ST-ZIP DAHLONEGA GA 30533 Change ☐ AddSk HHE HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS GUY-ST-ZIP CITY-ST-ZIP HELE ☐ Change Aciditie TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY - ST - ZIP Change Addit-☐ Delete Tritle THE NAME NAME STREET ADDRESS STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like empowered.

FILED