2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like omeowored

SIGNATURE:

FILED Feb 08, 2007 08:00 AM DOCUMENT # 325827 Secretary of State 1. Entity Namo ROMOCO, INC. Principal Place of Business Mailing Address 3340 N ROOSEVELT BLVD 3340 N ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Numbor Applied For City & State City & State 59-1237968 Not Applicable Ζip Country Zip 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 BREWER, LLOYD P JR 3340 N ROOSEVELT BLVD #6 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office of 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 reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 ☐ Addillon Delete HH ☐ Change BREWER, LLOYD P JR NAM NAME UDDDDD828501 3340 N ROOSEVELT BLVD SIDEL I ADDRESS SHREET ADDRESS 02/16/07-80018-003 158,75 KEY WEST FL 33040 CHY SI ZIP CITY ST ZIP Delete Mails. Change BREWER, LETA P NAM 3340 N ROCOSEVELT BLVD STREET ADDRESS STRIFT ADDRESS KEY WEST FL 33040 CITY-ST ZIP CHY SI ZIP HILE Delete 13315 Change ☐ Alciii BREWER, LLOYD PRESION III MAM NAME STATE FADDRESS 3725 HEY. #115 S. SIGGET ADDRESS DAHLONEGA GA 30533 CHY SI ZIP CITY - ST- ZIP 11111 □ Delete T ALLES THIS Change SING TADORESS SHELL ADDRESS CRY SI-ZIP CITY ST DP me TALE: ☐ Defete 11111 ☐ Change NAME SHYFF ADDRESS SHITTADORESS CHY ST ZIP CHY ST AP IIIII Delete ☐ Change T Amin HTEF NAM NAME SIDEET ADDRESS STREET ADDRESS CITY-SI-7IP 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 eath, that I am an efficie 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