

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 660329

1. Entity Name
ROMAN WEATHERPROOFING INC.



Principal Place of Business

**C/O JOHN J. ROMAN
241 CENTER COURT
VENICE, FL 34285**

Mailing Address

**C/O JOHN J. ROMAN
241 CENTER COURT
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1989584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMAN, JOHN J
1034 BECKLEY CIRCLE
VENICE, FL 34292**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
ROMAN, JOHN J JR.
1611 THOMAS ST
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
ROMAN, JOHN J
1034 BECKLEY CIRCLE
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/12/05-80040-012 150.00

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 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 #

John J. Roman Jr. **John J. Roman Jr.** 1/12/05 941-493-6445