

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006071

1. Entity Name
WELLINGTON F. ROEMER INSURANCE, INC.



Principal Place of Business
**3912 SUNFOREST COURT
TOLEDO, OH 43623**

Mailing Address
**P.O. BOX 8730
TOLEDO, OH 43623-0739**



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-4413018** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VCS
NAME	ROEMER, WILLIAM T
STREET ADDRESS	3912 SUNFOREST COURT
CITY- ST- ZIP	TOLEDO, OH 43623
TITLE	P
NAME	ROEMER, WELLINGTON F III
STREET ADDRESS	3912 SUNFOREST COURT
CITY- ST- ZIP	TOLEDO, OH 43623
TITLE	V
NAME	DUE, ALEXANDER H
STREET ADDRESS	3912 SUNFOREST COURT
CITY- ST- ZIP	TOLEDO, OH 43623
TITLE	T
NAME	VOLLMAR, DANE
STREET ADDRESS	3912 SUNFOREST COURT
CITY- ST- ZIP	TOLEDO, OH 43623
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/18/05-80011-003 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Dane Vollmar 7-6-05

Date

Daytime Phone #