

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F09288

1. Entity Name
ROME AVENUE, INC.



Principal Place of Business
1712 LEMON STREET
TAMPA, FL 33606

Mailing Address
1712 LEMON STREET
TAMPA, FL 33606



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1260896

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, IRA
3902 HENDERSON BLVD.
SUITE 200
TAMPA, FL 33629-5034

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000133937
04/27/04-80106-024 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEINSTEIN, IRA
STREET ADDRESS 3902 HENDERSON BLVD., SUITE 200
CITY-ST-ZIP TAMPA, FL 34

TITLE D
NAME BYRD, ANNLYNN
STREET ADDRESS 2501 W TYSON AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE CD
NAME BYRD, JULIAN H
STREET ADDRESS 2501 W TYSON AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE S
NAME HOLLOWAY, DEBORAH
STREET ADDRESS 4114 W. SAN JUAN ST.
CITY-ST-ZIP TAMPA, FL 33629

TITLE D
NAME BYRD, ROBERT H
STREET ADDRESS 3008 W. HAWTHORNE RD.
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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: *Deborah Holloway* **Deborah Holloway**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

(813) 251-1771

Daytime Phone #