

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-26-2004 90001 020 ***150.00
F96000003172

DOCUMENT # F96000003172

1. Entity Name

ANDERSON & ROMAINE, INC.



FILED

04 AUG -31 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

9131 COLLEGE PARKWAY 138-234
FT. MYERS FL 33919

Mailing Address

9131 COLLEGE PARKWAY 138-234
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1912606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMAINE, STEPHEN G
4855 DOCKSIDE DR. #202
FT. MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Annual Fee \$150.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME ROMAINE, STEPHEN G
STREET ADDRESS 4855 DOCKSIDE DR. #202
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ROMAINE, ELIZABETH A
STREET ADDRESS 4855 DOCKSIDE DR. #202
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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)(f), 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

8-21-04

Date

Signature Phone #



Attachment

54069931
F96000003172

August 19, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Section

Re: Anderson & Romaine, Inc.
2004 For Profit Corporation
Annual Report

Gentlemen:

We are the accountants for the above corporation and are responding to your notice of intent to dissolve.


Our records show we prepared and sent to our client the above form on March 6, 2004. We spoke to our client and he could not locate his corporate check paying the \$150 due.

Since we cannot understand how the filing and payment were lost, We are resubmitting the form and \$150 payment. Please excuse the office copy stamp, as this is the copy of the original we sent.

We respectfully request waiver of the penalty as we made our normal good efforts to file this timely. We have always filed timely in previous years and cannot figure out why this year's form was lost.

Sincerely,


Ira H. Goldberg, CPA


Steven G. Romaine
President, Anderson & Romaine, Inc.

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