

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003172

1. Entity Name
ANDERSON & ROMAINE, INC.



Principal Place of Business
9131 COLLEGE PARKWAY 13B-234
FT. MYERS, FL 33919

Mailing Address
9131 COLLEGE PARKWAY 13B-234
FT. MYERS, FL 33919



03052005 No Chg-P CR2E034 (10/03)

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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

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

**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

U000000271393
03/21/05-80045-008 150.00

10. OFFICERS AND DIRECTORS

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

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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)(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:

Stephen G. Romaine **STEPHEN G. ROMAINE-PRESIDENT 3-13-05 239-482-6280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #