

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90027 005 \*\*\*150.00

<b>DOCUMENT # F96000003172</b>					
<b>1. Entity Name</b> ANDERSON & ROMAINE, INC.					
<b>Principal Place of Business</b> 9131 COLLEGE PARKWAY 13B-234 FT. MYERS, FL 33919			<b>Mailing Address</b> 9131 COLLEGE PARKWAY 13B-234 FT. MYERS, FL 33919		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 13-1912606				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROMANE, STEPHEN G 4855 DOCKSIDE DR. #202 FT. MYERS, FL 33919			Name <b>STEPHEN G. ROMANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>14721 CALUSA PALMS DRIVE #101</b> City <b>FORT MYERS</b> FL    Zip Code <b>33919</b>		
<b>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.</b>					
SIGNATURE <u>Stephen G. Romaine</u> <b>STEPHEN G. ROMANE</b> <b>MARCH 2 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROMANE, STEPHEN G 4855 DOCKSIDE DR. #202 FT. MYERS, FL 33919 → NEW ADDRESS →		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROMANE, STEPHEN G. 14721 CALUSA PALMS DRIVE #101 FT MYERS FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMANE, ELIZABETH A 4855 DOCKSIDE DR. #202 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <u>Stephen G. Romaine</u> <b>STEPHEN G. ROMANE</b> <b>3-2-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					