

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90138 019 ***150.00

DOCUMENT # H13837

1. Entity Name
ROMAN & ROMAN, P.A.



Principal Place of Business
2274 STATE ROAD 580
CLEARWATER, FL 33763 US

Mailing Address
2274 STATE ROAD 580
CLEARWATER, FL 33763 US

50008917



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2529377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, THOMAS A.
2374 STATE ROAD 580
CLEARWATER, FL 33763

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROMAN, THOMAS A.
STREET ADDRESS 2374 STATE ROAD 580
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE VSTD
NAME ROMAN, PAULA C.
STREET ADDRESS 2374 STATE ROAD 580
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D
NAME ROMAN, P T
STREET ADDRESS 2374 STATE ROAD 580
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 727 736 2565
Date Daytime Phone #