

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H46466

1. Entity Name
MARTIN E. ROMANSKI, D.C., PA



Principal Place of Business
**130 SHAMROCK BLVD
VENICE, FL 34293 US**

Mailing Address
**130 SHAMROCK BLVD
VENICE, FL 34293 US**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE! Number
59-2520371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMANSKI, MARTIN E., D.C.
130 SHAMROCK BLVD
VENICE, FL 34293**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ROMANSKI, MARTIN E., DC
STREET ADDRESS	130 SHAMROCK BLVD
CITY - ST - ZIP	VENICE, FL 34293

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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04/20/07-80019-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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 to this address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____