## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2005 08:00 AM Secretary of State

DOCUMENT # J96637  1. Entity Name ROGER M. ROMANO, D.C., P.A.	Secretary of State
Principal Place of Business  1575 NORTH LOCKWOOD RIDGE ROAD  SARASOTA, FL 34237 US  Mailing Address  1575 NORTH LO SARASOTA, FL 34237 US  SARASOTA, FL 3	DCKWOOD RIDGE ROAD 34237 US
DO NOT WRITE IN THIS	01182005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent ROMANO, ROGER M. 1575 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34237	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 tille if applicable. (NOTE. Registered Agent signature required when reinstaging)  DATE	
	Campaign Financing \$5.00 May Be of Contribution. Added to Fees
10.         OFFICERS AND DIRECTORS           TITLE         DPST           NAME         ROMANO, ROGER M.           STREET ADDRESS         1575 N LOCKWOOD RIDGE RD           CITY-ST-ZIP         SARASOTA, FL 34237	02/19/05-80024-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAMÉ STREET ADORESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not all indicated on this report or stipplemental report is true and address any	pair for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath, that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if