


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90034 017 \*\*\*150.00

<b>DOCUMENT #157345</b>			
1. Entity Name <b>ROMECO, INC.</b>			
Principal Place of Business <b>1130 CYPRESS AVE NW LABELLE, FL 33935</b>		Mailing Address <b>1130 CYPRESS AVE NW LABELLE, FL 33935</b>	
2. Principal Place of Business - No P.O. Box # <b>185 Berry Garden Ln</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>South Shore,</b>		City & State	
Zip <b>KY</b>	Country <b>41175</b>	Zip	Country
4. FEI Number <b>65-0185076</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANDERS, JAMES RODNEY 1130 CYPRESS AVE NW LABELLE, FL 33935</b>		7. Name and Address of New Registered Agent Name <b>Eric Belisle</b> Street Address (R.D. Box Number is Not Acceptable) <b>1729 Colonial Blvd.</b> City <b>Ft. Myers.</b> <b>FL</b> Zip Code <b>23907</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. SIGNATURE <u><i>[Signature]</i></u> DATE <b>4-28-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANDERS, JAMES RODNEY</b> <b>1130 CYPRESS AVE., NW</b> <b>LABELLE, FL 33935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>James Rodney Sanders</b> <b>185 Berry Garden Ln.</b> <b>South Shore, KY 41175</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>SANDERS, MELODY A</b> <b>1130 CYPRESS AVE., NW</b> <b>LABELLE, FL 33935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Melody A Sanders</b> <b>185 Berry Garden Lane</b> <b>South Shore, KY 41175</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>[Signature]</i></u>		Date <b>4-28-07</b> Daytime Phone # <b>606-932-0074</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	