


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90004 038 ***150.00

DOCUMENT # P00000058583

1. Entity Name
ROMINES, INC.



Principal Place of Business
**4367 MARSH RD.
 DELAND, FL 32724**

Mailing Address
**4367 MARSH RD.
 DELAND, FL 32724**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
520 VANNOTE ROAD
 Suite, Apt. #, etc.

City & State
PIERSON FL

Zip
32180 Country
VOLUSIA



01252006 Chg-P CR2E034 (11/05)

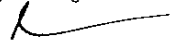
6. Name and Address of Current Registered Agent

**ROMINES, BENJAMIN A
 4367 MARSH RD.
 DELAND, FL 32724**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  DATE _____

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	ROMINES, BENJAMIN A	<input type="checkbox"/> Delete
STREET ADDRESS 4367 MARSH RD.	DELAND, FL 32724	
TITLE VP	ROMINES, PEGGY	<input type="checkbox"/> Delete
STREET ADDRESS 4367 MARSH RD.	DELAND, FL 32724	
TITLE S	WENDE, LEE	<input type="checkbox"/> Delete
STREET ADDRESS 520 VANNOTE ROAD	PIERSON, FL 32180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **WENDEE LEE** Date: **1/25/06** Daytime Phone #: **386-749-0371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR