

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000085406



1. Entity Name
BANDROOMS, INC.

Principal Place of Business
**3233 CURRY FORD ROAD
ORLANDO FL 32806**

Mailing Address
**3233 CURRY FORD ROAD
ORLANDO FL 32806**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3669048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEINO, MARY
2165 PEEL AVENUE
ORLANDO FL 32806**

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

(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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P VEINO, ROSS 2165 PEEL AVENUE ORLANDO FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	F VEINO, MARY 2165 PEEL AVENUE ORLANDO FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01/28/05-80016-016 150.00

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

Date

Telephone #

1-25-05 407 897 7080