


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 037 ***150.00

DOCUMENT # P01000009408	
1. Entity Name CARLOS R. ROMAN, CPA, P.A.	

Principal Place of Business 228 S COMMERCE AVE THE MACBETH BUILDING SEBRING, FL 33870-3603	Mailing Address 228 S COMMERCE AVE THE MACBETH BUILDING SEBRING, FL 33870-3603
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2. Principal Place of Business - No P.O. Box # 226 S. Ridgewood Dr. Suite, Apt. #, etc.	3. Mailing Address 226 S. Ridgewood Dr. Suite, Apt. #, etc.
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City & State Sebring, FL	City & State Sebring, FL
Zip 33870	Zip 33870
Country USA	Country USA

40079764



03212007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MCCLURE, JOHN K 230 S COMMERCE AVE SEBRING, FL 33870	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ROMAN, CARLOS R 3200 MANATEE DRIVE SEBRING, FL 338703603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Roman, Carlos R. 223 Pomegranate Ave Sebring, FL 33870 <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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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:  **4/21/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #