2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030466

1. *Entity Name*
ROMAC LEASING CORPORATION

Principal Place of Business	Mailing Address
4810 CULBREATH ISLE ROAD TAMPA, FL 33629	4810 CULBREATH ISLE ROAD TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

03282005   No Chg-P   CR2E034 (10/03)

4. FEI Number 03-0409314	Applied For
	Not Applicable

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

6. **Name and Address of Current Registered Agent**

MCCOY, ROBERT L
4810 CULBREATH ISLES RD
TAMPA, FL 33629

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 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

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

U00000305335
04/14/05-80080-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MCCOY, ROBERT L
STREET ADDRESS	4810 CULBREATH ISLES RD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VD
NAME	MCCOY, PATRICIA B
STREET ADDRESS	4810 CULBREATH ISLES RD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Robert Mccoy, Pres._   4-11-05   813-286-0716