2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065137

VILLANTE, SÚSAN J

32117 WOODVINE DR

SORRENTO, FL 32776

Name:

Address:

City-St-Zip:

FILED Apr 21, 2008 Secretary of State

Entity Nar	me: ROMEIN	IDUSTRIES, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	ECUTIVE BLVI G, FL 34748	D					
Current Mailing Address:			New Mailing Address:				
	ECUTIVE BLVI G, FL 34748	D					
FEI Number:	: 04-3683907	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
31808 EXE	, WILLIAM J ECUTIVE BLVI G, FL 34748	D US					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, o	r both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPT (VILLANTE, WII 31808 EXECU LEESBURG, F	TIVE BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VILLANTE, JOH 5435 COCONU) Delete HN G IT BOULEVARD BEACH, FL 33411	Title: Name: Address: City-St-Zip:	AS (VILLANTE, JO 31808 EXECU LEESBURG,	UTIVE BLVD		
Title: Name: Address: City-St-Zip:	S (VILLANTE, MA 31808 EXECU LEESBURG, F	TIVE BLVD	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title:	Т () Delete	Title:	Т (X) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

VILLANTE, SÚSAN J

31808 EXECUTIVE BLVD

LEESBURG, FL 34748

SIGNATURE: SUSAN J VILLANTE Τ 04/21/2008