

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000075922

1. Entity Name
ROMANO INVESTMENT MANAGEMENT, INC.



Principal Place of Business
**744 N.E. 12TH TERR., #5
BOYNTON BEACH, FL 33435**

Mailing Address
**744 N.E. 12TH TERR., #5
BOYNTON BEACH, FL 33435**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0737907

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRYSTAL, NEIL R
550 BILTMORE WAY, STE. 810
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

6. 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 completing)

DATE

**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**

**000000535007
05/08/06-80036-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRIGGS, DIANE
STREET ADDRESS	744 N.E. 12TH TERR., #5
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	ST
NAME	YEARTY, SANDRA
STREET ADDRESS	3571 KILLARNY TRAIL
CITY-ST-ZIP	SNELLVILLE, GA 30039
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 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 637, 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: By: *Dianne Griggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR

4/24/06

Date

Daytime Phone #

Dianne Griggs, President