

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084352

1. Entity Name
TRIAL TOOLBOX PUBLISHING CORPORATION



Principal Place of Business

1005 LAKE AVENUE
LAKE WORTH, FL 33460 US

Mailing Address

1005 LAKE AVENUE
LAKE WORTH, FL 33460 US



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1661664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, JOHN F
1005 LAKE AVENUE
LAKE WORTH, FL 33460

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROMANO, JOHN E
STREET ADDRESS 1005 LAKE AVENUE
CITY - ST - ZIP LAKE WORTH, FL 33460

TITLE VP
NAME ROMANO, TODD A
STREET ADDRESS 1005 LAKE AVENUE
CITY - ST - ZIP LAKE WORTH, FL 33460

TITLE SEC
NAME ROMANO, JOHN F
STREET ADDRESS 1005 LAKE AVENUE
CITY - ST - ZIP LAKE WORTH, FL 33460

TITLE M
NAME ROMAND, NANCY L
STREET ADDRESS 1005 LAKE AVE
CITY - ST - ZIP LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000107912
04/09/04-80034-003 150.00

**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: *Nancy L Romano* NANCY L ROMANO

4/7/04 561-533-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #