

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P02000084352	
1. Entity Name TRIAL TOOLBOX PUBLISHING CORPORATION	
Principal Place of Business P.O. BOX 21349 WEST PALM BEACH, FL 33416-1349 US	Mailing Address P.O. BOX 21349 WEST PALM BEACH, FL 33416-1349 US



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1661664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROMANO, JOHN F
P.O. BOX 21349
WEST PALM BEACH, FL 33416-1349**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000762458
05/29/07-80004-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROMANO, JOHN E
STREET ADDRESS	P.O. BOX 21349
CITY-ST-ZIP	WEST PALM BEACH, FL 334161349
TITLE	VP
NAME	ROMANO, TODD A
STREET ADDRESS	P.O. BOX 21349
CITY-ST-ZIP	WEST PALM BEACH, FL 334161349
TITLE	SEC
NAME	ROMANO, JOHN F
STREET ADDRESS	P.O. BOX 21349
CITY-ST-ZIP	WEST PALM BEACH, FL 334161349
TITLE	M
NAME	ROMANO, NANCY L
STREET ADDRESS	P.O. BOX 21349
CITY-ST-ZIP	WEST PALM BEACH, FL 334161349
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

561-5336700

Daytime Phone #