## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P02000094127 1. Entity Name ROMAN PLUMBING, INC. Mailing Address Principal Place of Business 13826 PIMBERTON DRIVE 13826 PIMBERTON DRIVE HUDSON, FL 34669 HUDSON, FL 34669 CR2E034 (11/05) 01212008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3078877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROMAN, FRANKIE DO NOT WRITE 13826 PIMBERTON DRIVE **HUDSON, FL 34669** 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000894648 Trust Fund Contribution. Added to Fees 04/24/08-80037-010 150.00 OFFICERS AND DIRECTORS 10. PSTD TITLE ROMAN, FRANKIE NAME STREET ADDRESS 13826 PIMBERTON DRIVE CITY-ST-ZIP **HUDSON, FL 34669** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR