

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000104632

1. Entity Name
ROMEO TRANSCRIPTION, INC.



Principal Place of Business
4411 NW 7TH STREET
COCONUT CREEK, FL 33066

Mailing Address
4411 NW 7TH STREET
COCONUT CREEK, FL 33066

FILED

04 AUG 23 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06-29-04 90001 020 \$150.00
08192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2295719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMEO, JANICE H
4411 NW 7TH STREET
COCONUT CREEK, FL 33066

**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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROMEO, JANICE H
4411 NW 7TH STREET
COCONUT CREEK, FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROMEO, WILLIAM J
4411 NW 7TH STREET
COCONUT CREEK, FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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[Handwritten initials]

[Handwritten signature: Janice Romeo]
2nd
8/19/04

954-9788773

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Copied

July 12, 2004

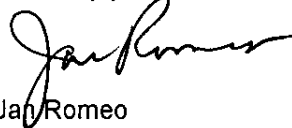
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting that you waive the late fee for my corporate filing; the letter that you sent me on June 18 (in which you returned my paperwork due to not having the annual report form) did not state there would be a late fee charged.

I appreciate your courtesy in this matter and await your response.

Sincerely yours,



Jan Romeo
Romeo Transcriptions, Inc.