

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132023

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: KARI B. ROMANO & ASSOCIATES, INC.

**Current Principal Place of Business:**

4614 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4614 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 41-2075704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNG, DAC  
4614 EDGEWATER DRIVE  
ORLANDO, FL 32804      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ROMANO, KARI B  
Address: 4614 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D      ( ) Delete  
Name: ROMANO, JEFF  
Address: 4614 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D      ( ) Delete  
Name: BARTOL, BRANDY  
Address: 48 WILDFLOWER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS.      (X) Change ( ) Addition  
Name: SUSAN, BARTOL  
Address: 14075 CANAL DRIVE  
City-St-Zip: ORLANDO, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI B. ROMANO

PRES

03/24/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date