


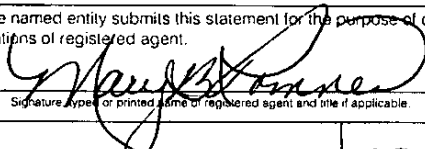
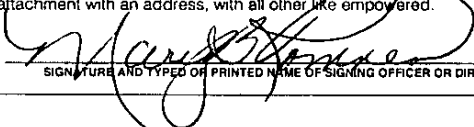
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 013 ***550.00

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DOCUMENT # P03000016297			
1. Entity Name MARY B ROMNES, INC.			
Principal Place of Business 11535 SW 70TH CT OCALA, FL 34476		Mailing Address 11535 SW 70TH CT OCALA, FL 34476	
2. Principal Place of Business 10515 SW 56th AVE Suite, Apt. #, etc.		3. Mailing Address 10515 SW 56th AVE Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34476	Country MARION	Zip 34476	Country MARION
4. FEI Number 25-1903555		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 ROMNES, MARY B 11535 SW 70TH CT OCALA, FL 34476		7. Name and Address of New Registered Agent Name Mary B Romnes Street Address (P.O. Box Number is Not Acceptable) 10515 SW 56th AVE City OCALA State FL Zip Code 34476	
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  DATE 7-11-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMNES, MARY B 11535 SW 70TH CT OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 7-11-2005 Daytime Phone # 873-3169	