

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000104236

1. Entity Name

ROMAN HOME SERVICES, INC.



**FILED
Feb 06, 2007 8:00 am
Secretary of State**

02-06-2007 90013 013 ***150.00



Principal Place of Business 77 PARADISE DRIVE HAINES CITY FL 33844	Mailing Address 77 PARADISE DRIVE HAINES CITY FL 33844
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2. Principal Place of Business - No P.O Box # 506 Paradise Island Pl. Suite, Apt. #, etc.	3. Mailing Address Same as # 2 Suite, Apt. #, etc.
City & State Haines City, FL	City & State
Zip 33844	Country

6. Name and Address of Current Registered Agent ROMAN, ANTONIO R 77 PARADISE DRIVE HAINES CITY FL 33844	7. Name and Address of New Registered Agent Name Roman, Antonio R Street Address (P.O. Box Number is Not Acceptable) 506 Paradise Island Pl. City Haines City FL Zip Code 33844
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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 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$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 ROMAN, ANTONIO R 77 PARADISE DRIVE HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Antonio R Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

863-439-8481

Date

Daytime Phone #

ATTACHMENT

60013555

#P03000104236

Jan 29-2003

Dear Fl. Dept. of State,

I hope I filled this form out right. I called and spoke with a representative from your Dept. and was told to do it this way. All we needed to do was change our physical address because the county changed everyone's address because of 911 issues.

We are still at same location but the county changed our address. If you have any questions call us at 863-439-8481

old address: 77 E. Paradise Dr.
Haines City, Fl. 33844

to

new address: 506 Paradise Island PL.
Haines City, Fl. 33844

Thanks

Antonio Lanson