

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-06-2007 90013 013 ***150.00

DOCUMENT # P03000104236

1. Entity Name

ROMAN HOME SERVICES, INC.



Principal Place of Business
77 PARADISE DRIVE
HAINES CITY FL 33844

Mailing Address
77 PARADISE DRIVE
HAINES CITY FL 33844



2. Principal Place of Business - No P.O. Box #

506 Paradise Island Pl

3. Mailing Address

Same as # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Haines City, FL

City & State

4. FEI Number 20-0262897

Applied For
Not Applicable

Zip

Country

33844

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROMAN, ANTONIO R ☐ Delete
STREET ADDRESS 77 PARADISE DRIVE
CITY - ST - ZIP HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Roman, Antonio R ☒ Change ☐ Addition
NAME 506 Paradise Island Pl.
STREET ADDRESS Haines City, FL 33844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

Date

863-439-8481

Daytime Phone #

ATTACHMENT

60013555

#P03000104236

Jan 29-2007

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

to

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

Thanks

Antonie Larran