2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90053 038 ***150.00

DOCUMENT # P03000130814

1. Entity Name
ROMAINE + ASSOCIATES, INC.

Principal Place of Business
154 N LEISURE WORLD DR
DEBARY FL 32713

Mailing Address
154 N. LEISURE WORLD DR
DEBARY FL 32713

40116962

No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0389744
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAINE, Scott m.
154 N. LEISURE WORLD DRIVE
DEBARY FL 32713

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME ROMAINE, Scott m. STREET ADDRESS 154 N. LEISURE WORLD DR CITY-ST-ZIP DEBARY FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WE HAVE FILED ARTICLES OF REVOCATION OF DISSOLUTION ON 4-30-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVIOUSLY FILED ARTICLES OF DISSOLUTION EFFECTIVE 3/31/2007
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 exemptions contained 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 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: Scott Romaine Scott m. Romaine PRESIDENT 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #