

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137548

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ROMAN ROADS INC.

## Current Principal Place of Business:

624 ANHINGA ROAD  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

P.O. BOX 952218  
LAKE MARY, FL 32795

## Current Mailing Address:

624 ANHINGA ROAD  
WINTER SPRINGS, FL 32708

## New Mailing Address:

P.O. BOX 952218  
LAKE MARY, FL 32795

FEI Number: 56-2416408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARCHERS, TRACY L  
624 ANHINGA ROAD  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

SEVI, ROBERTO J  
624 ANHINGA ROAD  
WINTER SPRINGS, FL 32708 US

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: ROBERTO SEVI

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARCHERS, TRACY L  
Address: 624 ANHINGA ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete  
Name: SEVI, ROBERTO J  
Address: 624 ANHINGA ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SEVI, ROBERTO J  
Address: 624 ANHINGA ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S (X) Change ( ) Addition  
Name: BARCHERS, TRACY L  
Address: 624 ANHINGA ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERTO SEVI

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date