

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137548

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: ROMAN ROADS INC.

**Current Principal Place of Business:**

P.O. BOX 952218  
LAKE MARY, FL 32795

**New Principal Place of Business:**

1270 BELLE AVE #111  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

P.O. BOX 952218  
LAKE MARY, FL 32795

**New Mailing Address:**

FEI Number: 56-2416408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SEVI, ROBERTO J  
1270 BELLE AVE #111  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/18/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: BARCHERS, TRACY L  
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: 1270 BELLE AVE #111  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change ( ) Addition  
Name: BARCHERS, TRACY L  
Address: 1270 BELLE AVE #111  
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: TRACY BARCHERS

Electronic Signature of Signing Officer or Director

VP

04/18/2005

Date