## **2008 FOR PROFIT CORPORATION**

## Mar 17, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000004431 ROMANCE WALLPAPER SERVICE, INC. Principal Place of Business Mailing Address 8309 GARRISON CIR. 8309 GARRISON CIR. TAMPA, FL 33615 TAMPA, FL 33615 03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0221212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROMAN, JOSE A DO NOT WRITE 8309 GARRISON CIR. TAMPA, FL 33615 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. TITLE NAME ROMAN, JOSE A STREET ADDRESS 8309 GARRISON CIR. TAMPA, FL 33615 CITY-ST-ZIP 000000859054\* 04/02/08-80005-023-150.00 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY+ST-7iP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

RINTED NAME OF SIGNING DEFICER OR DIRECTOR

3-13-08

Daytime Phone #

**FILED**