

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90002 033 \*\*\*550.00

<b>DOCUMENT # P04000042809</b> 1. Entity Name <b>ROMANO CONSTRUCTION SERVICES, INC.</b>			
Principal Place of Business <b>13710 49TH ST N UNIT G CLEARWATER, FL 33762</b>		Mailing Address <b>13710 49TH ST N UNIT G CLEARWATER, FL 33762</b>	
2. Principal Place of Business - No P.O. Box # <b>1202 46th Street North</b> Suite, Apt. #, etc.		3. Mailing Address <b>1202 46th Street North</b> Suite, Apt. #, etc.	
City & State <b>St. Petersburg</b>		City & State <b>St. Petersburg, FL</b>	
Zip <b>33710</b>		Zip <b>33710</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-0835004</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOSLIN, JANICE K 359 12TH AVE INDIAN ROCKS BEACH, FL 33708</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSTD</b> <input type="checkbox"/> Delete NAME <b>ROMANO, JOSEPH A</b> STREET ADDRESS <b>13710 49TH ST N UNIT G</b> CITY - ST - ZIP <b>CLEARWATER, FL 33762</b>	TITLE <b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ROMANO, JOSEPH A.</b> STREET ADDRESS <b>1202 46th Street North</b> CITY - ST - ZIP <b>St. Petersburg, FL 33710</b>		
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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:  <b>Joseph Romano</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>6-12-07</b> <b>727-341-1415</b> <small>Date Daytime Phone</small>	