

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90036 010 \*\*\*150.00

**DOCUMENT # P04000149695**

1. Entity Name  
**A.R. CHOICE MANAGEMENT, INC.**



Principal Place of Business

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

Mailing Address

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960



03012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1795707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMANO, ALAN  
5151 N. HWY. A1A - #211  
INDIAN RIVER SHORES, FL 32963

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ROMANO, ALAN  
5151 N. HWY. A1A - #211  
INDIAN RIVER SHORES, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
ROMANO, LINDA  
5151 N. HWY. A1A - #211  
INDIAN RIVER SHORES, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
THEALL, ANGELA  
6376 4TH ST.  
VERO BEACH, FL 32968

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Angela J. Theall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Angela J. Theall*

*4/12/07*  
Date

*772-567-0808*  
Daytime Phone #