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Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90228 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000011308

1. Entity Name
ROMANO BROS TRUCKING, INC.

50003228

02242006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
720 N.E. 25TH AVENUE UNIT 8 CAPE CORAL, FL 33909	720 N.E. 25TH AVENUE UNIT 8 CAPE CORAL, FL 33909

2. Principal Place of Business	3. Mailing Address
4250 Palm Beach Blvd	4250 Palm Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT Myers, FL	City & State: Fort Myers, FL
Zip: FL 33905 Country: Lee	Zip: 33905 Country: USA

4. FEI Number 20-2199227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANO, GIANCARLO SR
2901 NE 6TH AVENUE
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANO, GIANCARLO SR. 2901 NE 6TH AVENUE CAPE CORAL, FL 33909 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] 3/6/06 239 210-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #