

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-08-2007 90019 030 ***150.00

DOCUMENT # P06000022388 1. Entity Name ROMANO ENTERPRIZES, INC.					
Principal Place of Business 913 WOODSIDE ROAD MAITLAND FL 32751-5135 FL			Mailing Address 913 WOODSIDE ROAD MAITLAND FL 32751-5135 FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4325525	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable ☒	
6. Name and Address of Current Registered Agent ROMANO, CHARLES R 913 WOODSIDE ROAD MAITLAND FL 32751-5135				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 fee, applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PS ROMANO, CHARLES R 913 WOODSIDE ROAD MAITLAND FL 32751-5135		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT ROMANO, CORA P 913 WOODSIDE ROAD MAITLAND FL 32751-5135		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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-948-1992		