

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036540

FILED
Mar 19, 2009
Secretary of State

Entity Name: ROMANS & MATTHEWS INC.

Current Principal Place of Business:

803 SE 21ST PL
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

803 SE 21ST PL
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-2555264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, BOBBY
803 SE 21ST PL
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, BOBBY
Address: 803 SE 21ST PL
City-St-Zip: Ocala, FL 34471 US

Title: VP () Delete
Name: WILLIAMS, SAMUEL
Address: 803 SE 21ST PL
City-St-Zip: Ocala, FL 34471 US

Title: S (X) Delete
Name: OLORUNFEMI, RAIFU
Address: 8820 14TH AVE
City-St-Zip: Ocala, FL 34476 US

Title: T () Delete
Name: SMITH, RODNEY
Address: 4882 SE 41ST COURT
City-St-Zip: Ocala, FL 34480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY JAMES

P

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date