


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000015117					
1. Entity Name RO-MAC SHIPPING COMPANY					
Principal Place of Business 610 E MAIN ST LEESBURG, FL 34748			Mailing Address 610 E MAIN ST LEESBURG, FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBUCK, H D JR 610 E MAIN ST LEESBURG, FL 34748				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DPST		<input type="checkbox"/> Delete		
NAME	ROBUCK, H D JR				
STREET ADDRESS	610 E MAIN ST				
CITY-ST-ZIP	LEESBURG, FL				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>H D Robuck, Jr</u> 3/7/06 352 314 3177					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					