

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90007 014 ***150.00

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1. Entity Name
ROOM 4, INC.



Principal Place of Business
**P.O. BOX 770098
WINTER GARDEN, FL 34777-0098**

Mailing Address
**PO BOX 651
OAKLAND, FL 34760-0651 US**

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3245733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRITT, R NEIL
419 E OAKLAND AVE
OAKLAND, FL 34760**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRITT, ROBERT N
STREET ADDRESS	PO BOX 651 ((N/A))
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	D
NAME	COTTON, STEPHANN
STREET ADDRESS	PO BOX 953208 ((N/A))
CITY-ST-ZIP	OAKLAND, FL 33496
TITLE	D
NAME	CLIFTON, GEORGE MARTIN
STREET ADDRESS	940 N KEPLER
CITY-ST-ZIP	DELAND, FL 32725
TITLE	D
NAME	CLIFTON, CRAIG
STREET ADDRESS	1405 BLACKWELDER RD
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R Neil Britt *R Neil Britt* 1-25-06 407-656-2113