


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 019 \*\*\*150.00

DOCUMENT # P97000103643			
1. Entity Name <b>ROME SUPPLY CORPORATION</b>			
Principal Place of Business <b>2242 MEARS PKWY MARGATE, FL 33063 US</b> <i>2232 MEARS Parkway</i>		Mailing Address <b>2242 MEARS PKWY MARGATE, FL 33063 US</b>	
2. Principal Place of Business <i>2232 MEARS Parkway</i>		3. Mailing Address <i>2232 MEARS Parkway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MARGATE</b>		City & State <b>Margate FL</b>	
Zip <b>33063</b> Country <b>USA</b>		Zip <b>33063</b> Country <b>USA</b>	
4. FEI Number <b>65-0804357</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALDINO, DARLENE A 4380 N W 103RD DRIVE CORAL SPRINGS, FL 33065		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Darlene Baldino</i> DATE: <i>4/23/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD BALDINO, DARLENE A <del>4380 NW 103RD DRIVE</del> CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2232 MEARS Parkway</i> <i>Margate, FL 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOFFREDO, GARY R <del>10590 SW 73RD CT</del> <del>MIAMI, FL 33156</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>2232 MEARS Parkway</del> <i>Margate FL 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Darlene Baldino</i>		Date: <i>4/23/04</i> Daytime Phone #	