2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000103643

1. Entity Name
ROME SUPPLY CORPORATION

Principal Place of Business	Mailing Address
2232 MEARS PARKWAT MARGATE, FL 33063 DS	2232 MEARS PARKWAT MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0804357	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BALDINO, DARLENE A
4380 N W 103RD DRIVE
CORAL SPRINGS, FL 33065

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	BALDINO, DARLENE A	
STREET ADDRESS	2232 MEARS PARKWAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	
NAME	LOFFREDO, GARY R	
STREET ADDRESS	2232 MEARS PARKWAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/28/05-80007-005 150.00

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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: _____   4/25/05   (954)972-194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #