


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90019 019 ***150.00

DOCUMENT # P98000003142 1. Entity Name ROMANELLO LANDSCAPING, INC.					
Principal Place of Business 1115 LEMONWOOD STREET HOLLYWOOD, FL 33019			Mailing Address 1115 LEMONWOOD STREET HOLLYWOOD, FL 33019		
2. Principal Place of Business 20710 SW 54TH PLACE		3. Mailing Address 20710 SW 54TH PLACE			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State SOUTHWEST RANCHES, FL.		City & State SOUTHWEST RANCHES, FL.		4. FEI Number 18-8524834	
Zip 33332		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33332		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANEL, FRANCIS N 1115 LEMONWOOD ST. HOLLYWOOD, FL 33019				7. Name and Address of New Registered Agent Name FRANCIS N ROMANELLO Street Address (P.O. Box Number is Not Acceptable) 20710 SW 54TH PLACE City SOUTHWEST RANCHES FL Zip Code 33332	
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANELLO, FRANCIS N 1115 LEMONWOOD STREET HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMANELLO, KIMBERLY S 1115 LEMONWOOD STREET HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332	
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: KIMBERLY S. ROMANELLO			2/12/2004 (954)680-8686		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		