

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 010 ***150.00

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1. Entity Name
ROMANO & COLEMAN, P.A.



Principal Place of Business
100 EAST PINE ST.
SUITE 207
ORLANDO, FL 32801

Mailing Address
8051 BELSHIRE DR
ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number **★59-3569292** Applied For
59-3659292 Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, MICHAEL A
8051 BELSHIRE DR
ORLANDO, FL 32835

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDTD
NAME	ROMANO, MICHAEL A
STREET ADDRESS	100 EAST PINE ST., SUITE 207
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPSD
NAME	COLEMAN, JAMES A
STREET ADDRESS	100 EAST PINE ST., SUITE 207
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

MICHAEL A. ROMANO

President
2/13/07
(407) 316-8508