


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000060681 1. Entity Name VACUUM DOCTOR, INC.	
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Principal Place of Business 1720 MCCALL RD. ENGLEWOOD, FL 34223	Mailing Address 1720 MCCALL RD. ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0849036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEI FINANCIAL SERVICES, INC. 5348 DREW RD. VENICE, FL 34293	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMINE, DAVID A 670 N ELM ST ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROMINE, NATHAN D 2511 FIESTA DRIVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROMINE, JASON 1071 DUQUESNE RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMINE, KIM 670 N ELM ST ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROMINE, MISTY D 2511 FIESTA DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/05-80039-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Misty Romine (Misty Romine) 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #