

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90005 044 \*\*\*150.00

DOCUMENT # P98000060681

1. Entity Name  
VACUUM DOCTOR, INC.



Principal Place of Business  
1720 MCCALL RD.  
ENGLEWOOD, FL 34223

Mailing Address  
1720 MCCALL RD.  
ENGLEWOOD, FL 34223

2. Principal Place of Business

1894 Tamiami Trail South  
Suite, Apt. #, etc.

3. Mailing Address

1894 Tamiami Trail South  
Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

Zip  
34293

Country  
USA

Zip  
34293

Country  
USA

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0849036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEI FINANCIAL SERVICES, INC.  
5348 DREW RD.  
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name Pope C.P.A. Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

126 Shamrock Boulevard

City

Venice

FL

Zip Code

34293

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

*Henry H. H. H.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2-1-06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 ☐ Delete  
NAME ROMINE, DAVID A  
STREET ADDRESS 670 N ELM ST  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VPD ☐ Delete  
NAME ROMINE, NATHAN D  
STREET ADDRESS 2511 FIESTA DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE VPD ☐ Delete  
NAME ROMINE, JASON  
STREET ADDRESS 1071 DUQUESNE RD  
CITY-ST-ZIP VENICE, FL 34293

TITLE ST ☐ Delete  
NAME ROMINE, KIM  
STREET ADDRESS 670 N ELM ST  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE O ☐ Delete  
NAME ROMINE, MISTY D  
STREET ADDRESS 2511 FIESTA DR  
CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Misty Romine* Misty Romine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/06 (941)497-1681

Date

Daytime Phone #