

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90062 029 ***150.00

DOCUMENT # P99000100522

1. Entity Name
ROMAINE'S COMMERCIAL APPLIANCE SERVICE INC



Principal Place of Business
**2190 ANASTASIA DR
SOUTH DAYTONA, FL 32119**

Mailing Address
**2190 ANASTASIA DR
SOUTH DAYTONA, FL 32119**



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAY, JIMMIE R
2190 ANASTASIA DR
SOUTH DAYTONA, FL 32119**

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVS
WAY, JIMMIE R
2190 ANASTASIA DR
SOUTH DAYTONA, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WAY, SHERRY S
2190 ANASTASIA DR
SOUTH DAYTONA, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 MAR 04 (386) 761- 0887
Date Daytime Phone #