

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000100522

1. Entity Name
ROMAINE'S COMMERCIAL APPLIANCE SERVICE INC



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

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



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3614919

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 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	P
NAME	WAY, JIMMIE R
STREET ADDRESS	2190 ANASTASIA DR
CITY-STATE-ZIP	SOUTH DAYTONA, FL 32119
TITLE	T
NAME	WAY, SHERRY S
STREET ADDRESS	2190 ANASTASIA DR
CITY-STATE-ZIP	SOUTH DAYTONA, FL 32119
TITLE	V
NAME	WAY, KIPPER C
STREET ADDRESS	2190 ANASTASIA DR
CITY-STATE-ZIP	DAYTONA BEACH, FL 32119
TITLE	S
NAME	MCMILLEN, AMBER R
STREET ADDRESS	2190 ANASTASIA DR
CITY-STATE-ZIP	DAYTONA BEACH, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/04/07-80028-011 150.00

**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: Jimmie R Way
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Apr 07 326 761 0887
Date Daytime Phone #