

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S20082</b>	
1. Entity Name SOUTHEAST FLORIDA SALES & CONSULTING SERVICES, INC.	
Principal Place of Business 9650 S OCEAN DR SUITE 1905 JENSEN BEACH, FL 34957	Mailing Address 9650 S OCEAN DR SUITE 1905 JENSEN BEACH, FL 34957
<b>DO NOT WRITE IN THIS SPACE</b>	



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0247954	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  ROMAN, JOSEPH 9650 S OCEAN DR #1905 JENSEN BEACH, FL 34957
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

U00000337363  
04/27/05-80166-001 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, JOSEPH 9650 S OCEAN DR #1905 JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADELINE, ROMAN 9650 SO OCEAN DR STE 1905 JENSON BEACH, FL
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**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: Joseph S. Roman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 772-229-9663  
Date Daytime Phone #