

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90021 009 \*\*\*150.00

<b>DOCUMENT # V30408</b> 1. Entity Name <b>SOMERO CONSTRUCTION &amp; REMODELING, INC.</b>					
Principal Place of Business <b>602 ARCHER AVE PORT SAINT LUCIE FL 34983 US</b>			Mailing Address <b>602 ARCHER AVE PORT SAINT LUCIE FL 34983 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0329628</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOMERO, ROY W. 602 ARCHER AVE PORT SAINT LUCIE FL 34983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SOMERO, ROY W. 602 ARCHER AVE PORT SAINT LUCIE FL 34983</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Roy W. Somero</i>				Date <b>7/19/05</b> Daytime Phone <b>772 871.6896</b>	

## ATTACHMENT

DIVISION OF CORPORATIONS  
REF # V30408

06020609  
#V30408

SOMERO CONSTRUCTION & REMODELING INC.

RECEIVED THE ANNUAL REPORT NOTICE LATE.

AS SOON AS WE RECEIVED THE NOTICE I SENT IT OUT  
THE VERY NEXT DAY BY THE TIME I GOT IT BACK  
IT WAS LATE.

THANK YOU

ROY W. SOMERO

SOMERO CONSTRUCTION & REMODELING



ATTACHMENT

66026669

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 26, 2005

**SOMERO CONSTRUCTION & REMODELING, INC.**  
602 ARCHER AVE  
PORT SAINT LUCIE, FL 34983 US

Subject: **SOMERO CONSTRUCTION & REMODELING, INC.**

Reference Number: **V30408**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ms

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314