


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S34152
 1. Entity Name
BY OWNER REALTY NETWORK REFERRAL SERVICE, INC.



Principal Place of Business
**1826 N. DIXIE HIGHWAY
 LAKE WORTH FL 33462
 US**

Mailing Address
**P.O. BOX 6228
 LAKE WORTH FL 33466
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
 Zip Country

4. FEI Number **65-0246183** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SUSAN D. CHANCEY
 1826 N. DIXIE HIGHWAY
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 is required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME CHANCEY, SUSAN D.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 408 CHEYENNE DRIVE	CITY-ST-ZIP LANTANA FL	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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 03/09/06-80005-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan D. Chancey Susan D. Chancey, President 2/24/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #