

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90130 005 ***150.00

DOCUMENT # H73542

1. Entity Name
 ASSOCIATES REALTY & REFERRAL, INC.



Principal Place of Business: 7141 MARINER BLVD, SPRING HILL, FL 34609
 Mailing Address: 7141 MARINER BLVD, SPRING HILL, FL 34609

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Zip Country: Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-2571382 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: HAYS, NANCY, 7141 MARINER BLVD, SPRING HILL, FL 34609
 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 required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: HAYS, NANCY STREET ADDRESS: 5455 SPRINGHILL DRIVE CITY-ST-ZIP: SPRINGHILL, FL 34606	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 7141 Mariner BLVD. CITY-ST-ZIP: Spring Hill FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: STURGILL, DAVID H STREET ADDRESS: 7141 MARINER BLVD CITY-ST-ZIP: SPRING HILL, FL 34609	<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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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: Nancy Hays Nancy Hays PST 4/12/06 352-592-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number