


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H73542**

1. Entity Name  
 ASSOCIATES REALTY & REFERRAL, INC.



Principal Place of Business      Mailing Address

5455 SPRING HILL DRIVE      5455 SPRING HILL DRIVE  
 SPRING HILL, FL 34606      SPRING HILL, FL 34606

**DO NOT WRITE IN THIS SPACE**



03212008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-2571382</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEARSON-ADAMS, MARILYN  
 5455 SPRING HILL DRIVE  
 SPRING HILL, FL 34606

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

DATE  
 04/03/08-80031-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEARSON-ADAMS, MARILYN
STREET ADDRESS	5455 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VPD
NAME	ROITHMEIER, JULIE
STREET ADDRESS	5455 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VPD
NAME	ORENDORF, SHERRI
STREET ADDRESS	5455 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VPD
NAME	VANDEGRIFT, DENNISE L
STREET ADDRESS	5455 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	ST
NAME	MCMANAWAY, GAIL
STREET ADDRESS	5455 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gail M. McManaway      3/21/08      (352) 592-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Gail M. McManaway