

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 29, 2004 08:00 AM  
Secretary of State

DOCUMENT # H76199

1. Entity Name  
R. E. REFERRAL COMPANY



Principal Place of Business  
1255 S. TAMiami TRAIL  
SARASOTA, FL 34239

Mailing Address  
P.O. BOX 2555  
SARASOTA, FL 34230

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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2688390

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, ROGERS  
3218 CHARLES MACDONALD DR.  
SARASOTA, FL 34240

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, ROGERS
STREET ADDRESS	3218 CHARLES MACDONALD DR.
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(j), 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:

*Rogers Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 941 954 100