


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J28333 1. Entity Name CASCADE REFERRAL SERVICES, INC.	
---	---

Principal Place of Business REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA, FL 34239-6304 US	Mailing Address REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA, FL 34239 US
---	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MINKS, JOHN 3625 SOMERVILLE DR SARASOTA, FL 34232	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

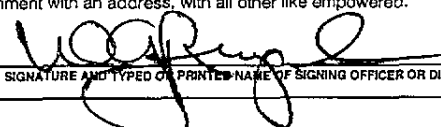
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS REYNOLDS, WILLIAM G. 4757 OLD STONE ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GILLILAND, RICHARD K. 2158 SYLVAN LEA DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINKS, JOHN 3625 SOMERVILLE DER SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000046618
02/12/04-80008-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #