

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2008  
Secretary of State**

DOCUMENT# N43693

Entity Name: FLORIDA STATE REFEREES, INCORPORATED

**Current Principal Place of Business:**

6671 W. INDIANTOWN RD.  
SUITE 56-305  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

6671 W. INDIANTOWN RD.  
SUITE 56-305  
JUPITER, FL 33458 US

**New Mailing Address:**

FEI Number: 59-3134337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHNA, JOZSEF A  
6671 W. INDIANTOWN RD.  
STE 56-305  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SRA ( ) Delete  
Name: MICHNA, JOZSEF A  
Address: 6671 W. INDIANTOWN ROAD, SUITE 56-305  
City-St-Zip: JUPITER, FL 334583991

Title: SDI ( ) Delete  
Name: BREAUX, ROBERT  
Address: 751 ARAPAHO TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: SCRA ( ) Delete  
Name: KENNEY, CHARLES R  
Address: P.O. BOX 1897  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: SDA (X) Delete  
Name: SLOWINSKI, RAYMOND  
Address: 10615 N. W. 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SDA (X) Change ( ) Addition  
Name: SLOWINSKI, RAYMOND  
Address: 10615 N. W. 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 32751

Title: SDI (X) Change ( ) Addition  
Name: KENNEY, CHARLES R  
Address: P.O. BOX 1897  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOZSEF A. MICHNA

SRA

03/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date