

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90104 040 ***150.00



DOCUMENT # P00000101313

1. Entity Name
ALL FLORIDA REFERRAL NETWORK, INC.

Principal Place of Business
1648 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

Mailing Address
1648 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952



2. Principal Place of Business
9156 S. FEDERAL HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
9156 S FEDERAL HIGHWAY
Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
PORT ST LUCIE, FL

City & State
PORT ST LUCIE, FL

4. FEI Number
59-3681111

Applied For
Not Applicable

Zip
34952

Country
USA

Zip
34952

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESSETTE, DAVID L
1648 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)
9156 S FEDERAL HIGHWAY

City
PORT ST LUCIE

FL

Zip Code
34952

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BESSETTE, DAVID L
5155 PALMETO AVE.
FORT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BESSETTE, PAMELA S
5155 PALMETO AVE.
FORT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
PASS, KATHERINE
3105 SE CARD TERRACE
PORT SAINT LUCIE, FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
3057 S.E. GALT CIRCLE
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: Pamela S. Besette PAMELA S. BESSETTE * 3-10-06 (772) 335 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #