

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90282 007 ***150.00

DOCUMENT # P01000101700

1. Entity Name

NAEBA REFERRAL SERVICE CORPORATION



Principal Place of Business

407 WEKIVA SPRINGS RD
 SUITE 241
 LONGWOOD FL 32779

Mailing Address

407 WEKIVA SPRINGS RD
 SUITE 241
 LONGWOOD FL 32779

2. Principal Place of Business

541 S. Orlando Ave. - #300
 Suite, Apt. #, etc.

3. Mailing Address

541 S. Orlando Ave. - #300
 Suite, Apt. #, etc.
 Maitland, FL



MOORE CR2E034 (11/03)

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

59-3750067

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT NETWORK, INC.
 407 WEKIVA SPRINGS RD # 241
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: Thomas Wemett
 Street Address (P.O. Box Number is Not Acceptable): 541 S. Orlando Ave. - #300
 City: Maitland, FL Zip Code: 32751

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: Thomas Wemett / President

4/28/04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Vice President	<input type="checkbox"/> Delete
NAME	LABRANCHE, KEL E	
STREET ADDRESS	PO BOX 2131	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	President	<input type="checkbox"/> Delete
NAME	Wemett, Thomas W	
STREET ADDRESS	PO Box 20138	
CITY-ST-ZIP	Rochester, NY 14602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wemett, Thomas	
STREET ADDRESS	PO Box 20138	
CITY-ST-ZIP	Rochester, NY 14602	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret B. Davis	
STREET ADDRESS	228 N. Lynnhaven Rd., Suite 108	
CITY-ST-ZIP	Virginia Beach, VA 23452	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Weinstein	
STREET ADDRESS	2712 San Marin Ln.	
CITY-ST-ZIP	Sacramento, CA 95835	
TITLE	BOB member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Miller	
STREET ADDRESS	9101 E. Kenyon Ave., Suite 2300	
CITY-ST-ZIP	Denver, CO 80237-1854	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas Wemett / President

4/28/04

585-461-4610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #