

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90058 038 ***150.00

DOCUMENT # P01000101700

1. Entity Name

NAEBA REFERRAL SERVICE CORPORATION



Principal Place of Business

**541 S. ORLANDO AVE. #300
MAITLAND FL 32751**

Mailing Address

**541 S. ORLANDO AVE. #300
MAITLAND FL 32751**

40013666



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3750067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEMETT
WEMETT, THOMAS
541 S. ORLANDO AVE. #300
MAITLAND FL 32751**

*Note Spelling
ERROR*

7. Name and Address of New Registered Agent

Name **Thomas Wemett**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 - **Thomas Wemett**

2/3/05

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, 2005 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	V	<input checked="" type="checkbox"/> Delete
NAME	LABRANCHE, KEL E	
STREET ADDRESS	PO BOX 2131	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEMETT, THOMAS	
STREET ADDRESS	P.O. BOX 20138	
CITY-ST-ZIP	ROCHESTER NY 14602	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, MARGARET B	
STREET ADDRESS	228 N. LYNN HAVEN RD. SUITE 108	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINSTEIN, SUSAN	
STREET ADDRESS	2712 SAN MARIN LN.	
CITY-ST-ZIP	SACRAMENTO CA 95835	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BARRY	
STREET ADDRESS	9101 E. KENYON AVE., SUITE 2300	
CITY-ST-ZIP	DENVER CO 80237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Early	
STREET ADDRESS	425 W Schrock Rd #103	
CITY-ST-ZIP	Westerville, OH 43081	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Show	
STREET ADDRESS	7100 N High St. #204	
CITY-ST-ZIP	Worthington, OH 43085	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 19.07(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 - **Thomas Wemett**

2/3/05 585-461-4610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #