

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

7. Name and Address of New Registered Agent
 Name: **Thomas Wemett**
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

Note Spelling ERROR

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** DATE: **2/3/05**

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: _____
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** DATE: **2/3/05** DAYTIME PHONE #: **585-461-4610**