2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000060924 1. Entity Name REFERRAL CLUBS OF AMERICA, INC.

**FILED** Jun 28, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2878 GLEN HOLLOW DR. CLEARWATER, FL 33761-3370

2878 GLEN HOLLOW DR. **CLEARWATER, FL 33761-3370** 



06252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 90-0040663

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GIGLIO, RICHARD D ESQ.

## DO NOT WRITE

TAMPA, FL 33602				IN THIS SPACE		
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 regulatered agent and little if applicable. (NOTE: Registered /				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS			<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, DARROUGH 2878 GLEN HOLLOW DR. CLEARWATER, FL 337613370				000000162938 06/28/04-80003-012 150.00 <b>DO NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T DIAMOND, LINDA 2878 GLEN HOLLOW DR. CLEARWATER, FL 337613370					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V COX, JULIA T 2878 GLEN HOLLOW DR. CLEARWATER, FL 337613370			DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STILLMAN, LAURA L 2878 GLEN HOLLOW DR. CLEARWATER, FL 337613370			IN THIS SPACE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 reserver 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:

CITY - ST - ZIP

CER OR DIRECTOR