

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-06-2004 90145 001 ***300.00

DOCUMENT # P03000054615

1. Entity Name
PARTNERS REALTY REFERRAL GROUP, INC.



Principal Place of Business
**1801 N PINE ISLAND RD
PLANTATION, FL 33322**

Mailing Address
**1801 N PINE ISLAND RD
PLANTATION, FL 33322**

66431424



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1405352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORDILEONE, ANTHONY
1801 N PINE ISLAND RD
PLANTATION, FL 33322**

Name **KAREN WADSWORTH**

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

1801 N. PINE ISLAND RD

#210

City

PLANTATION

FL

Zip Code

33322

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

Karen Wadsworth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removal/ro)

7/14/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CORDILEONE, ANTHONY**
CITY-ST-ZIP **1801 N PINE ISLAND RD
PLANTATION, FL 33322**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Anthony R. Cordileone

6/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 8, 2004

PARTNERS REALTY REFERRAL GROUP, INC.
1801 N PINE ISLAND RD
PLANTATION, FL 33322

Subject: **PARTNERS REALTY REFERRAL GROUP, INC.**

Reference Number: **P03000054615**

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$300.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

The new registered agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

07/30/04 FRI 10:11 FAX 515 447 4891

IRS

Attachment 66431424 001
#P03000054615

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
PO BOX 9003
HOLTSVILLE, NY 11742
FAX: (631) 687-3990
PHONE: 1-800-829-4833

Handwritten signature



IRS Employee # 0134356695

Team # 205

3rd Party Request for Missing Information to Validate Internet EIN

To: Barbara Cordiccone

Today's Date: July 30, 2004

Fax: 954-343-4443

Response Due: August 13, 2004

You applied for an EIN on the Internet as a 3rd party. We are unable to validate the provisional EIN provided to you for your client because we need more information.

Taxpayer / Business Name: Partners Realty Referral Group Inc

Date of I-EIN Application: July 26, 2004

In order to validate the EIN, please FAX the following to 631-687-3990 within 10 business days:

- Completed Coversheet
- Completed Form SS-4 signed by the taxpayer authorizing you to receive the EIN for them.
- Your phone number and the best time to call you so we can quickly obtain the necessary information and validate the new EIN for your client.
- Additional information requested below.

Failure to respond within the required timeframe may result in the cancellation of your I-EIN.

The name and Employer Identification Number (EIN) provided for Line 7 do not match our records. Please verify the information you provided and return the Form SS-4 to us with the corrected information.

Please complete the following before faxing back information:

Provisional EIN:

3rd Party Phone Number:

Best time to call:

20-1405352
954-914-5755
9 AM - 5 PM

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.

Attachment
66431424
P03000054615

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.	EIN 20-1405352 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested Partners Realty Referral Group Inc		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Karen Wallmueller
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1801 N Pine Island Rd Suite 210		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Plantation FL 33322 -		5b City, state, and ZIP code
6* County and state where principal business is located County: Broward State: FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor Anthony F Cordileone		7b* SSN, ITIN, EIN 92-0193195
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ P03000054615 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated State: FL Foreign country:		
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Referral <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) JUN 30 2004		11* Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>		Agriculture Household Other
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Residential Real Estate		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Partners Realty Group Inc Trade name ▶ Keller Williams Partners Realty		
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN FEB 10 2003 Plantation FL 92 - 0193195		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name Barbara Cordileone Address and ZIP code 1801 N Pine Island Rd Plantation FL 33322 -	Designee's telephone number (include area code) (954) 914 - 5755 9-5PM Designee's fax number (include area code) (954) 343 - 4443
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ <i>[Signature]</i>		Applicant's telephone number (include area code) (954) 343 - 4440 9-5PM

attachment
66431424
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Signature ▶ **Not Required**

Date ▶ July 26, 2004 GMT

Applicant's fax number (include area code)
(954) 343 - 4443

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1405352

Today's Date is: July 26, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.