

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90036 035 \*\*\*150.00

**DOCUMENT # P03000096488**

**1. Entity Name**

**CENTRAL FLORIDA REFERRAL NETWORK, INC.**



**Principal Place of Business**

**17 TRIANGLE PARK PLAZA  
LAKE PLACID FL 33852**

**Mailing Address**

**17 TRIANGLE PARK PLAZA  
LAKE PLACID FL 33852**

**2. Principal Place of Business**

**513 W. INTERSTATE BLVD  
Suite, Apt. #, etc.**

**3. Mailing Address**

**513 W. INTERSTATE BLVD  
Suite, Apt. #, etc.**



**MOORE**

**CR2E034 (11/03)**

**City & State**

**LAKE PLACID FL**

**City & State**

**LAKE PLACID FL**

**4. FEI Number**

**55-0844140**

**Applied For**

**Not Applicable**

**Zip**

**33852**

**Country**

**FLORIDA**

**Zip**

**33852**

**Country**

**UNITED STATES**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOY, MARIE C  
17 TRIANGLE PARK PLAZA  
LAKE PLACID FL 33852**

**7. Name and Address of New Registered Agent**

**Name**

**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**

*Marie Claire Hoy*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*2-23-04*

**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HOY, MARIE C</b>	
<b>STREET ADDRESS</b>	<b>17 TRIANGLE PARK PLAZA</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE PLACID FL 33852</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MARIE CLAIRE HOY</b>	
<b>STREET ADDRESS</b>	<b>513 Deen Blvd</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE PLACID FL 33852</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Marie Claire Hoy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/04*

Date

*(863) 699-5550*

Daytime Phone #