

**FOR PROFIT CORPORATION
ANNUAL REPORT**


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FILED

2011 JUL 21 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106122
1. Entity Name
Auto Referrals of Florida, INC.



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2. Principal Place of Business - No P.O. Box #
440 N. MONROE STREET
Suite, Apt #, etc.

3. Mailing Address
PO Box 4042
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32301 Country
LEON

Zip
32315 Country
LEON

4. FEI Number
200257469

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Donald J. Stokes

Street Address (P.O. Box Number is Not Acceptable)
2905 DUFFTON LOOP

City
Tallahassee FL Zip Code
32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-insulating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
DON@ECUAUTOADVISOR.COM
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Donald J. Stokes 2905 Duffton Loop Tallahassee FL 32303</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Late fee being waived due to a clerical error by this office when the biennial amendment was filed. SP 7/21</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400210226584
07/21/11--01008--004 **150.00

7/21

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ DATE: 7-20-11 Daytime Phone #: 850 509-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR