


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P07000003902	
1. Entity Name CENTRAL-FLA REALTY REFERRALS, INC.	

Principal Place of Business 931 W. OAK STREET SUITE 102 KISSIMMEE, FL 34741	Mailing Address 931 W. OAK STREET SUITE 102 KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

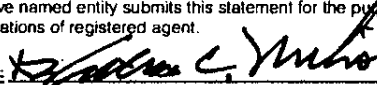
4. FEI Number 68-0642164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, WILLIAM C
931 W. OAK STREET SUITE 102
KISSIMMEE, FL 34741

DO NOT WRITE
IN THIS SPACE

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:  **WILLIAM C. NICHOLS** **4/2/08**

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

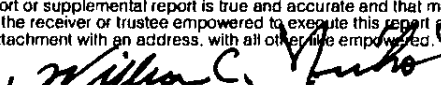
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000284444 04/17/08-80044-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NICHOLS, WILLIAM C
STREET ADDRESS	1920 N. EASY STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741
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	

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IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:  **WILLIAM C. NICHOLS** **4/2/08 407 896-2787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #