

FILED
Apr 03, 2008 8:00 am
Secretary of State

02-25-2008 90059 003 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000071156			
1. Entity Name CHOICE PROPERTIES REFERRAL SERVICES, INC.			
Principal Place of Business 550 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984		Mailing Address 550 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-2146611		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAUSSADE, EDWARD 550 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984		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: _____ DATE: _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when renewing)			
FILE MONTHLY FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward Caussade ☐ Delete 550 SE Port St Lucie Blvd Port St Lucie, FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 registered 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, without other file or proof.			
SIGNATURE: 		2/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	