


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000011802	
1. Entity Name WINDSOR REFERRAL NETWORK, INC.	

Principal Place of Business 1815 S. OSPREY AVE SARASOTA, FL 34239	Mailing Address 1815 S. OSPREY AVE SARASOTA, FL 34239
---	---

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0733746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LENNOX, ESTHER W 1521 COCOANUT AVE SARASOTA, FL 34237

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

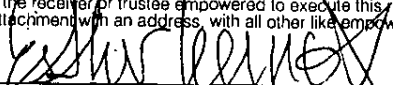
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LENNOX, ESTHER W 1521 COCOANUT AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROSARIO, MAGDIEL 2630 COCONUT BAY LANE APT 3-D SARASOTA, FL 34237
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	

DO NOT WRITE IN THIS SPACE

U00000825420
02/21/08-80010-001 150.00

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 like empowered.

SIGNATURE:  **2-6-08** **941-350-0048**

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