

ANNUAL REPORT**DOCUMENT # P97000039296**1. Entity Name
CHOICE-DANTZLER REFERRALS, INC.**FILED**
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 019 ***150.00

Principal Place of Business

**1601 SIXTH ST SE
WINTER HAVEN, FL 33880**

Mailing Address

**1601 SIXTH ST SE
WINTER HAVEN, FL 33880**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01192006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3415235

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, JANE E
1601 SIXTH ST SE
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name **JANE E. TYL**

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

1601 SIXTH ST SECity **WINTER HAVEN****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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WATSON, SHARON M**
STREET ADDRESS **1601 SIXTH ST SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**TITLE **DST** ☐ Delete
NAME **DANTZLER, TODD R**
STREET ADDRESS **1601 SIXTH ST SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**TITLE **DVP** ☐ Delete
NAME **TYL, JANE E**
STREET ADDRESS **1601 SIXTH ST SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **JANE E. TYL**
CITY-ST-ZIP **1601 SIXTH ST. SE
WINTER HAVEN, FL 33880**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:**JANE E. TYL****JANUARY 20, 2006****(863) 299-6710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #