


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000039296	
1. Entity Name CHOICE-DANTZLER REFERRALS, INC.	

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 1601 SIXTH ST SE WINTER HAVEN, FL 33880	Mailing Address 1601 SIXTH ST SE WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3415235	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

TYL, JANE E
1601 SIXTH ST SE
WINTER HAVEN, FL 33880

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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 Jane E Tyl DATE 7/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, SHARON M 1601 SIXTH ST SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DANTZLER, TODD R 1601 SIXTH ST SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TYL, JANE E 1601 SIXTH ST SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U7/14/08-80016-013 150.00

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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 like empowered.

SIGNATURE: Jane E Tyl DATE 7/9/08 (863) 299-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR