

FILED
May 03, 2007 8:00 am
Secretary of State

04-17-2007 90242 013 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000091223

1. Entity Name
DAVIS & CLARKE REFERRAL CORPORATION



Principal Place of Business
**4140 US 19
NEW PORT RICHEY, FL 34655**

Mailing Address
**4140 US 19
NEW PORT RICHEY, FL 34655**

66012002



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545432	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

**ANDERSON, KENNETH M
4939 FLORAMAR TERRACE #908
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

I, 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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ANDERSON, KENNETH M
STREET ADDRESS	4939 FLORAMAR TERRACE #908
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/07 727 849 6507