


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000027069 1. Entity Name REFERRALS ONLY, INC.	
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Principal Place of Business 10 S HARBOR CITY BLVD. MELBOURNE, FL 32901	Mailing Address 10 S HARBOR CITY BLVD. MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3582406	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DETTMER, DALE A 304 S HARBOR CITY BLVD. MELBOURNE, FL 32901
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, JAMES MICHAEL 10 S HARBOR CITY BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUITT, KRISTY L 10 SO HARBOR CITY BLVD MELBOUNE, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULL, ARTHUR V 405 SOUTH CARPENTER ROAD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRALEY, BARBARA J 10 SOUTH HRBOR CITY BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000783335
01/16/08-80010-018 150.00

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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 1/11/2008	Daytime Phone # 321-723-7147
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