

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90053 001 \*\*\*600.00

66406396



<b>DOCUMENT # S25140</b> 1. Entity Name REFERRAL SYSTEMS, INC.					
Principal Place of Business 1149 PERIWINKLE STE. A SANIBEL, FL 33957			Mailing Address 1149 PERIWINKLE STE. A SANIBEL, FL 33957		
2. Principal Place of Business % John Neumann Suite, Apt. #, etc. 15750 White Island Dr. City & State Ft. Myers, FL Zip 33908		3. Mailing Address % John Neumann Suite, Apt. #, etc. 15750 White Island Dr. City & State Ft. Myers, FL Zip 33908		02022004    Chg-P    CR2E034 (10/03)	
4. FEI Number 65-0265899		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HENNING, RHONDA 1149 PERIWINKLE WAY SANIBEL, FL 33957	
7. Name and Address of New Registered Agent Name John J. Neumann Street Address (P.O. Box Number is Not Acceptable) 15750 White Island Dr. City Ft. Myers    State FL    Zip 33908				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME NAUMANN, JOHN STREET ADDRESS 1149 PERIWINKLE WAY CITY-ST-ZIP SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete		TITLE P NAME Neumann, John J. STREET ADDRESS 15750 White Island Dr. CITY-ST-ZIP Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					