## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2004 08:00 AM DOCUMENT # V00012 **Secretary of State** 1. Entity Name ANN THOMAS REAL ESTATE REFERRALS, INC. Principal Place of Business Mailing Address 5657 MANATEE AVE W. 5657 MANATEE AVE W. BRADENTON FL 34209 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0304667 Not Applicable Country Zε Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, DERRYL T. Street Address (P.O. Box Number is Not Acceptable) 5711 774 RD. NW **BRADENTON FL 34209** Zip Code 8. The above named entry 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Chartos ☐ Addition PD TITLE ☐ Delete EDWARDS, DERYL T NAME NAME U00000063899 STREET ADDRESS 5711 7TH AVENUE NW STREET ADDRESS 02/23/04-80181-001 150.00 **BRADENTON FL 34209** CHY-ST-ZIP C:TY-S1-289 Change Addition EVD ☐ Defete ₹ITEE HRE NAME EDWARDS, BARBARA A. NAME STREET ADDRESS 5957 W STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** ☐ Addition ☐ Delete TITLE TITLE NAME MAME EDWARDS, COALLA F. STREET ADDRESS STREET ADDRESS 5711 MANATEE AVENUE W CITY-ST-71P CITY-ST-ZIP **BRADENTON FL** Change Addition ☐ Delete BHF TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Delete TIRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 3111 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 express, with all other like empowered.

0. 7. TOWARDS

SIGNATURE:

**FILED**