

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # V68671

1. Entity Name
REFERRAL PROFESSIONALS, INC.



Principal Place of Business
**20929 LAKE VIENNA DRIVE
LAND O LAKES, FL 34638 US**

Mailing Address
**20929 LAKE VIENNA DRIVE
LAND O LAKES, FL 34638 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3144524	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

**DAVID RYNDES
20929 LAKE VIENNA DRIVE
LAND O LAKES, FL 34638**

**DO NOT WRITE
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 _____ DATE _____
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
After May 1, 2007 Fee will be \$550.00**

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

000000674392
03/23/07-80069-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYNDES, DAVID L.
STREET ADDRESS	20929 LAKE VIENNA DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34638

TITLE	VP
NAME	RYNDES, NADINE
STREET ADDRESS	20929 LAKE VIENNA DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34638

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nadine Ryndes, NADINE RYNDES 1/8/07 (813)948-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #