

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68880

FILED
Mar 01, 2005
Secretary of State

Entity Name: REFERRALS OF LEE COUNTY, INC.

Current Principal Place of Business:

% JANE GAMBLE
30 COLORADO ROAD, SUITE C
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

% JANE GAMBLE
30 COLORADO ROAD, SUITE C
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-0364576 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAMBLE, JANE
30 COLORADO ROAD
SUITE C
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMBLE, JANE,
Address: 30 COLORADO ROAD, STE C
City-St-Zip: LEHIGH ACRES, FL

Title: D () Delete
Name: BAGANS, CARL A.,
Address: 30 COLORADO ROAD, STE C
City-St-Zip: LEHIGH ACRES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL BAGANS

D

03/01/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date