

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90071 033 ***150.00

DOCUMENT # F78349

1. Entity Name

SEBRING MULTIPLE LISTING SERVICE, INC.



Principal Place of Business

815 US 27 SOUTH
SEBRING FL 33870
US

Mailing Address

815 US 27 SOUTH
SEBRING FL 33870
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2205923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, ARIANNA J
815 US 27 SOUTH
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD CARTER, RONNIE T 1843 US 27 NORTH SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARTER, PERRY W 1843 US 27 NORTH SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCK, TERESA 2617 US 27 SOUTH SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOWARDS, ERIN 809 US 27 SOUTH SEBRING FL 33870	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JAMES W 1000 -A W, MAIN ST. AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE BURKE, ARIANNA J 815 US 27 SOUTH SEBRING FL 33870	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, PERRY 1843 US 27 N SEBRING, FL. 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HESSLEIN, Robert 2521 US 27 S SEBRING, FL. 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORING, Linda 809 US 27 S SEBRING, FL. 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, NANCY 2521 US 27 S SEBRING, FL 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JAMES W. 1753 US 27 S SEBRING, FL. 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, Debbie 809 US 27 S SEBRING, FL. 33870	☐ Change ☒ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04 863 385 6014