2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90377 026 ***158.75

DOCUMENT # F78349

1. Entity Name
SEBRING MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
815 US 27 SOUTH SEBRING, FL 33870 US	815 US 27 SOUTH SEBRING, FL 33870 US

03272006 Chg-P CR2E034 (11/05)

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 _____ 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, 2006 Fee will be $550.00

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	P HESSELINK, ROBERT 2521 US 27 SOUTH SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESSELINK, Robert	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE BORING, LINDA 809 US 27 SOUTH SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Boring, LINDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOND, ANNE 4900 SUN N LAKE BLVD SEBRING, FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, PERRY 1843 US 27 North Sebring, Fl. 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOCK, TERESA 2521 US 27 S SEBRING, FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRAUTMAN, Robert 3750 US 27 North Sebring, Fl 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUDWIG, JEFF 3750 US 27 NORTH A3 SEBRING, FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LABANOW, T3, GAYLE 1843 US 27 North Sebring, Fl 33870	☐ Change ☒ Addition
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	S JEAN ECKMAN 1843 US 27 North Sebring, Fl. 33870	☐ Change ☒ Addition

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: Arianna W Burke Pres. 3-27-06 863-385-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #