

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78349

Entity Name: HEARTLAND MULTIPLE LISTING SERVICE, INC.**Current Principal Place of Business:**815 US 27 SOUTH
SEBRING, FL 33870**Current Mailing Address:**815 US 27 SOUTH
SEBRING, FL 33870 US**FEI Number:** 59-2205923**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JORDAN-BURKE, ARIANNA
815 US 27 SOUTH
SEBRING, FL 33870 US*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**Officer/Director Detail :**

Title	P
Name	POLLARD, ANN
Address	815 US 27 SOUTH
City-State-Zip:	SEBRING FL 33870

Title	PE
Name	WARNER, JEANNE
Address	815 US 27 SOUTH
City-State-Zip:	SEBRING FL 33870

Title	VP
Name	HESSELINK, ROBERT
Address	815 US 27 SOUTH
City-State-Zip:	SEBRING FL 33870

Title	S
Name	REESE, GENE
Address	815 US 27 SOUTH
City-State-Zip:	SEBRING FL 33870

Title	T
Name	HARRINGTON, KRISTEN
Address	815 US 27 SOUTH
City-State-Zip:	SEBRING FL 33870

Title	ED
Name	JORDAN-BURKE, ARIANNA
Address	815 US HWY 27 SOUTH
City-State-Zip:	SEBRING FL 33870

I hereby 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 all other like empowered.

SIGNATURE: ARIANNA JORDAN-BURKE**EXECUTIVE DIRECTOR****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date