## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 305877**

FILED Jan 03, 2005 Secretary of State

Entity Name: MULTIPLE LISTING SERVICE OF SOUTH BREVARD, INC.

Current Pi	rincipal Place of	f Business:	New Princ	New Principal Place of Business:	
1450 SARN MELBOUR	NO RD. NE, FL 32935				
Current Mailing Address:			New Mailir	ng Address:	
1450 SARN MELBOUR	NO RD. NE, FL 32935				
FEI Number: 59-1148298 FEI Number Applied For ( ) FEI Num			FEI Number Not Appli	icable ( ) Certificate of Status Desired (X)	
Name and	Address of Cui	rent Registered Agent:	Name and	Address of New Registered Agent:	
MILLIGAN, 1450 SARI MELBOUR		US			
	named entity sub of Florida.	omits this statement for the pu	irpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Ager	nt	Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS	AND DIRECTO	PRS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () De ALYEA, CHERYL / 2194 HWY A1A #3 INDIAN HARBOUR	NN	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	P () De MCCLUSKEY, BE 400 ST. ANDREW MELBOURNE, FL	ITY S S BLVD.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCCLUSKEY, BETTY S 400 ST. ANDREWS BLVD. MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () De AUBUCHON, JUDY 1097 SOUTH PATI SATELLITE BEAC	CRICK DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SWANN, NONA L 100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901	
Title: Name: Address: City-St-Zip:	D () De MURRAY, EVELYN 1200 CALUSA DR SEBASTIAN, FL 3	N H IVE	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition MURRAY, EVELYN H 1200 CALUSA DRIVE SEBASTIAN, FL 32976	
Title: Name: Address: City-St-Zip:	D () De COLLINS, EUGEN 2191 JULIAN DRIV PALM BAY, FL 32	E J /E NE SUITE 1	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition BRAY, GALE S 1331 S. HARBOR CITY BLVD. MELBOURNE, FL 32901	
Title: Name: Address: City-St-Zip:	T () DO MCWILLIAMS, TIN 517-A NORTH HAF MELBOURNE, FL	MOTHY F RBOR CITY BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: MARK A. MILLIGAN R A 01/03/2005