

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491831

FILED
Jan 04, 2010
Secretary of State

Entity Name: WEST PASCO-TARPON SPRINGS MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:

5409 SUNSET RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5409 SUNSET RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1650514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISEMER, KENNETH R
5645 NEBRASKA AVE
NEW PORT RICHEY, FL 34652 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: T
Name: RINALDI, MARY
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S
Name: ARMSTRONG, GREG
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PRES
Name: GLAVES, TROY
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PRSE
Name: SAMSON, FREDERIC
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PAST
Name: BARLEY, VICTORIA
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ED
Name: COPELAND, SAMMIE
Address: 5409 SUNSET RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SAMMIE COPELAND

EO

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date