


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90075 007 \*\*\*150.00

<b>DOCUMENT # 556402</b> 1. Entity Name <b>OCALA MULTIPLE LISTING SERVICE, INC.</b>					
Principal Place of Business <b>3105 NE 14TH STREET OCALA, FL 34470 US</b>			Mailing Address <b>3105 NE 14TH STREET OCALA, FL 34470 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1902501</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>NIX, ANDREA 3105 NE 14TH STREET OCALA, FL 34470</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUNKETT, KATHLEEN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rountree, (Duke) John Wayne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 411 NE 25 AVE OCALA FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, PAT P.O. BOX 336 DUNNELLON, FL 34430 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lowry, Gayle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2226 E Silver Springs Blvd OCALA FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, JUDY 1918 SE 17 STREET OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEADOWWW, SEBERT 8926 SW 27 AVE OCALA, FL 34476 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alvoird, Randall <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1811 SE A King OCALA FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWEN, JAMES K 2452 NE 3 ST. OCALA, FL 34470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Owen, James K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2452 NE 3 ST OCALA FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Andrea Nix</u> <b>Andrea Nix, AE</b>			Date: <u>1/17/07</u> 352-629-7077		