

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556402

FILED
Feb 06, 2008
Secretary of State

Entity Name: OCALA MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:

3105 NE 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

3105 NE 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1902501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIX, ANDREA
3105 NE 14TH STREET
OCALA, FL 34470 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: D () Delete
Name: WAYNE, JOHN
Address: 411 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: LOWERY, GAYLE
Address: 2226 EAST SILVERSPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: VP () Delete
Name: RAY, JUDY
Address: 1918 SE 17 STREET
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: ALVORIL, RANDALL
Address: 1811 SE FT. KING
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: OWEN, JAMES K
Address: 2452 NE 3 ST.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ROUNTREE, JOHN W
Address: 411 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: LOWRY, GAYLE
Address: 2226 EAST SILVERSPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: P (X) Change () Addition
Name: RAY, JUDY
Address: 1918 SE 17 STREET
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change () Addition
Name: ALVORD, RANDALL
Address: 1811 SE FT. KING
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: LORD, CARLA
Address: 2455 NW 44 AVE
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDREA NIX

A.E.

02/06/2008

Electronic Signature of Signing Officer or Director

Date