2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556402

FILED Feb 11, 2009 Secretary of State

Entity Name: OCALA MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3105 NE 1 OCALA, F	4TH STREET L 34470 US					
Current Mailing Address:			New Maili	New Mailing Address:		
3105 NE 1 OCALA, F	4TH STREET L 34470 US					
FEI Number	: 59-1902501 I	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of Cur	rent Registered Agent:	Name and	Address of New Registered Agent:		
NIX, ANDI 3105 NE 1 OCALA, F	4TH STREET					
	e named entity sub e of Florida.	mits this statement for the pu	rpose of changing i	its registered office or registered agent, or	both,	
SIGNATU	RE:					
	Electronic	Signature of Registered Ager	t	Date		
Election Ca	mpaign Financing Tr	ust Fund Contribution ().				
OFFICER	S AND DIRECTO	RS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	CTOR	
Fitle: Name: Address: City-St-Zip:	T () De ROUNTREE, JOHN 411 NE 25TH AVE OCALA, FL 34470		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ROUNTREE, JOHN W 411 NE 25TH AVE OCALA, FL 34470		
Fitle: Name: Address: City-St-Zip:	D () De LOWRY, GAYLE 2226 EAST SILVEF OCALA, FL 34470		Title: Name: Address: City-St-Zip:	() Change () Addition		
Name: Nddress:	P () De RAY, JUDY 1918 SE 17 STREE OCALA, FL 34471		Title: Name: Address: City-St-Zip:	D (X) Change () Addition RAY, JUDY 1918 SE 17 STREET OCALA, FL 34471		
Name: Address: Dity-St-Zip: Title: Name: Address:	RAY, JUDY 1918 SE 17 STREE	ET lete	Name: Address:	RAY, JUDY 1918 SE 17 STREET		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address: Dity-St-Zip: Dity-St-Zip:	RAY, JUDY 1918 SE 17 STREE OCALA, FL 34471 VP () De ALVORD, RANDAL 1811 SE FT. KING	ET lete L	Name: Address: City-St-Zip: Title: Name: Address:	RAY, JUDY 1918 SE 17 STREET OCALA, FL 34471 P (X) Change () Addition ALVORD, RANDALL 1811 SE FT. KING		

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: ANREAD NIX AE 02/11/2009