


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90133 027 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # F78020</b><br>1. Entity Name<br><b>NASSAU COUNTY MULTIPLE LISTING SERVICE, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>910 SOUTH 14TH STREET<br/>FERNANDINA BCH, FL 32034-2918</b>  |  |  | Mailing Address<br><b>910 SOUTH 14TH STREET<br/>FERNANDINA BCH, FL 32034-2918</b> |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  |  | Country  |   | Zip   |  |
|  |  |  |   |   |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent                                       |  |
| DAVIS, CLYDE W.<br>20 SOUTH 5TH STREET<br>FERNANDINA BEACH, FL 32034   |  |  |   | Name  |  |
|  |  |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |  |  |   | City  |  |
|  |  |  |   | FL 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</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>PD</del><br><b>MCCOY, LINDA</b><br><b>1428 PLANTATION OAKS</b><br><b>FERNANDINA BCH, FL 32034</b>       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>D</b><br><br>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>D</del><br><b>LASSERRE, JON</b><br><b>P.O. BOX 653</b><br><b>FERNANDINA BEACH, FL 32035</b>             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <del>STD</del><br><br>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>STD</del><br><b>WILLIAMS, HUGH</b><br><b>4182 OYSTER BAY DRIVE</b><br><b>FERNANDIAN BEACH, FL 32034</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>YO</b><br><br>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>REECE, DALE</b><br><b>23 OAK POINT DRIVE</b><br><b>FERNANDINA BCH, FL 32034</b>               | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>VD</del><br><b>FERREIRA, ROBERT</b><br><b>P. O. BOX 777</b><br><b>FERNANDINA BEACH, FL 320350777</b>    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>PD</b><br><br>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>EVP</b><br><b>GOODBREAD, CLYDE</b><br><b>837 TARPON AVENUE</b><br><b>FERNANDINA BCH, FL 320342927</b>     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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>Clyde Goodbread, Exec. Vice President</u>  |  |  | Mar 27, 2006 904-261-8133   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date Daytime Phone #  |   |  |

50006674



ATTACHMENT

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Item 11 Document #f78020 continued

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QUATTLEBAUM, SHERRY

1922 LAKESIDE DRIVE SO

FERNANDINA BCH, FL 32034

  Change

X Addition