2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Mar 05, 2008 8:00 am **Secretary of State** DOCUMENT #F78349 03-05-2008 90024 011 ***158.75 1. Entity Name HEARTLAND MULTIPLE LISTING SERVICE, INC. Principal Place of Business Mailing Address 10038400 815 US 27 SOUTH 815 US 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For -59-2205923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURKE, ARIANNA J Street Address (P.O. Box Number is Not Acceptable) 815 US 27 SOUTH SEBRING, FL 33870 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!, FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. TITLE TITLE ☐ Change Delete Addition GAYLE LABAMOWITZ BORING, CLAUDE NAME NAME 809 US 27 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-SEBRING, FL: 33870 CITY-ST-ZIP ☐ Change TITLE 🗖 Delete TITLE Addition BORING, LINDA NAME 809 US 27 SOUTH STREET ADDRESS STREET ADDRESS SEBRING, FL 33870 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Continuation Continuation WOOD, JAMES NAME NAME 1743 US 27 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change BOYD, WILLIAM NAME NAME STREET ADDRESS 1564 LAKEVIEW DR STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP Delete Addition TITLE ☐ Change GODWIN, KATHY NAME NAME STREET ADDRESS 2010 NW 6TH ST STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change BURKE, ARIANNA J NAME STREET ADDRESS 815 US 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP 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.

Burice

FILED

ATTACHMENT & Offices for Heartland mls

Following is a list of Director

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