2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78349

Entity Name: HEARTLAND MULTIPLE LISTING SERVICE, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
815 US 27 S SEBRING, I		US				
Current Mailing Address:			New Mailing Address:			
815 US 27 S SEBRING, I		US				
FEI Number:	59-2205923	FEI Number Applied For()	FEI Num	nber Not Appli	icable () Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:		Name and	Address of New Registered Agent:	
BURKE, AF 815 US 27 S SEBRING, I	SOUTH FL 33870	US submits this statement for the nu		815 US 27 SEBRING,		
in the State		oubline the outernone of the pe	a. pooc o.	r onlanging it	er regional carried or regional agent, or bear,	
SIGNATUR	E: ARIANN	A JORDAN-BURKE			02/06/2009	
	Electro	nic Signature of Registered Ager	nt		Date	
Election Cam	ıpaign Financiı	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (GAYLE, GAYL 809 US 27 SC SEBRING, FL	UTH		Title: Name: Address: City-St-Zip:	P (X) Change () Addition HARMON, ALAN 615 WEST MAIN STREET AVON PARK, FL 33825	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	PE () Change (X) Addition CARTER, RONNIE 1843 US 27 NORTH SEBRING, FL 33870 US	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP () Change (X) Addition DAVIDSON, EDWARD 743 US 27 SOUTH SEBRING, FL 33870 US	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	S () Change (X) Addition FARINATO, JAN 809 US 27 SOUTH SEBRING, FL 33870 US	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	T () Change (X) Addition RETHERFORD, KAREN 2155 US 27 NORTH SEBRING, FL 33870 US	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	AE () Change (X) Addition JORDAN-BURKE, ARIANNA 815 US HWY 27 SOUTH SEBRING, FL 33870 US	

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: ARIANNA JORDAN-BURKE AE 02/06/2009