
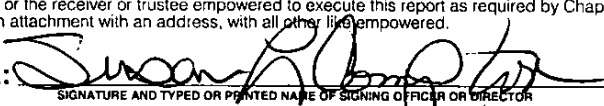


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90137 011 \*\*\*150.00

<b>DOCUMENT # G84754</b> 1. Entity Name <b>MULTIPLE LISTING SERVICE OF LAKE PLACID, INC.</b>					
Principal Place of Business <b>124 EAST PARK AVENUE LAKE PLACID, FL 33852 US</b>			Mailing Address <b>P O BOX 188 LAKE PLACID, FL 33852-7188 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2368625</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072005      Chg-P      CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>SHEEHAN, J. TIMOTHY 234 CENTRAL AVENUE LAKE PLACID, FL 33852</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LABANOWITZ, GAYLE</b> <b>1843 US 27 N</b> <b>SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Ronnie Carter</b> <b>801 US 27 North</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLARK, SUE</b> <b>2203 US 27 N</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Jim Otterman</b> <b>2203 US 27 North</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MONTGOMERY, MONICA</b> <b>1843 US 27 N</b> <b>SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Susan Compton</b> <b>518 US 27 N</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CARROLL, LINDA</b> <b>1110 US 27 N</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Marie Claire Hoy</b> <b>505 W. Interlake Blvd.</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AE</b> <b>ALLEN, SANDRA</b> <b>124 E. PARK AVE</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AE</b> <b>Wendy Sullivan</b> <b>124 East Park Avenue</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALLOY-THORPE, DEBBIE</b> <b>36 N MAIN STREET</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Donald Elliott</b> <b>801 US 27 North</b> <b>Lake Placid, FL. 33852</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>SUSAN L. Compton</b>			Date: <b>1/28/05</b> Daytime Phone: <b>863 3444</b>		