2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2005 90330 033 ***150.00
H40820

2005 JUL -6 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40820

1. Entity Name

ENGLEWOOD AREA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
3952 MCCALL ROAD ENGLEWOOD FL 34224-8657 US	3952 MCCALL RD. ENGLEWOOD FL 34224-8657 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2499835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT, JACK O II,ESQ. FARR,FARR,FARR EMERICH,SIFRIT,HACKETT & CA 99 NESBIT STREET PUNTA GORDA FL 33950	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BULLOCK, GEORGE 1927 BEACH RD ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Elaine Tomanek 1200 S. McVall Rd. Englewood Fl. 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERNHARDSON, KAREN 4800 PLACIDA RD U.G ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE TOMANEK, ELAINE 1200 S MCCALL RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE George Bullock 1927 Beach Rd. Englewood, Fl. 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FUERST, MEL 1231 BEACH RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Candy Kelly 1201 S. McCall Rd. Englewood, Fl. 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHANNA, DAVE 6943 SUNNYBROOK ROAD ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dick Whittaker 1815 Englewood Rd. Englewood Fl. 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, ARLENE 1201 S MCCALL RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EO Hughes, Cynthia 3952 Mccall Rd. Englewood, Fl. 34224	☐ Change ☒ 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: Cynthia Hughes 4/22/05 941-474-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #