

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 025 ***150.00

DOCUMENT # H40820

1. Entity Name

ENGLEWOOD AREA MULTIPLE LISTING SERVICE, INC.



Principal Place of Business

3952 MCCALL ROAD
ENGLEWOOD FL 34224-8657
US

Mailing Address

3952 MCCALL RD.
ENGLEWOOD FL 34224-8657
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P ☐ Delete
NAME TOMANEK, ELAINE
STREET ADDRESS 1200 S. MC VALL RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE P ☒ Change ☐ Addition
NAME BULLOCK, GEORGE
STREET ADDRESS 1927 BEACH RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PP ☒ Delete
NAME BERNHARDSON, KAREN
STREET ADDRESS 4800 PLACIDA RD U.G
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE PP ☒ Change ☐ Addition
NAME TOMANEK, ELAINE
STREET ADDRESS 1200 MCCALL RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PE ☐ Delete
NAME BULLOCK, GEORGE
STREET ADDRESS 1927 BEACH RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PE ☐ Change ☒ Addition
NAME BACHER, LOUISE
STREET ADDRESS 1500 S. MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE S ☐ Delete
NAME KELLY, CANDY
STREET ADDRESS 1201 S. MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE S ☐ Change ☐ Addition
NAME KELLY, CANDY
STREET ADDRESS 1201 S. MCCALL RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Delete
NAME WHITTAKER, DICK
STREET ADDRESS 1815 MCCALL ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224-8657

TITLE D ☐ Change ☐ Addition
NAME WHITTAKER, DICK
STREET ADDRESS 1815 ENGLEWOOD RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE EO ☐ Delete
NAME HUGHES, CYNTHIA
STREET ADDRESS 3952 MCCALL ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224-8657

TITLE EO ☐ Change ☐ Addition
NAME HUGHES, CYNTHIA
STREET ADDRESS 3952 MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34224

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

George Bullock **GEORGE BULLOCK** 4/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #