


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90003 045 ****61.25

DOCUMENT # N99000005829 1. Entity Name BUSINESS BROKERS OF FLORIDA - MLS, INC.					
Principal Place of Business 2196 MAIN STREET DUNEDIN, FL 34698				Mailing Address 2196 MAIN STREET DUNEDIN, FL 34698	
2. Principal Place of Business 513 N. BELCHER RD., SUITE A CLEARWATER FL 33765		3. Mailing Address SAME			
City & State CLEARWATER FL		City & State SAME			
Zip 33765		Country USA		4. FEI Number 59-3638168	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORE, STEVEN W 8200 BRYAN DAIRY ROAD SUITE 300 LARGO, FL 33777			7. Name and Address of New Registered Agent 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 <u><i>Roger J. Murphy</i></u> ROGER J. MURPHY <u>5/5/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, ROGER <input type="checkbox"/> Delete 2196 MAIN STREET, SUITE E DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN HORT 324 Newburyport Ave. Altamonte Spgs., FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAPTOULIS, STEVE P.O. BOX 14056 CLEARWATER, FL 33766		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete STEBBINS, KENNETH 8411 W. OAKLAND BLVD., #202 FT. LAUDERDALE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete COFIELD, JERRY 9770 OLD MAYMEADOWS RD., #103 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES SNIDER 1093 AIA Blvd #200 St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete RISDON, BERT 378 CENTER POINT CIRCLE, #1238 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES TOWN P.O. Box 829 Chipley, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDREW CAGNETTA 5400 NW 21st Terrace		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW CAGNETTA 5400 21st Terrace FT LAUDERDALE, FL 33309	
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 617, 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: <u><i>Roger J. Murphy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/10/05</u> <u>722-725-7090</u> <small>Date Daytime Phone #</small>		