


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000066711	
1. Entity Name M.L.S. REALTY OF HOUSTON, INC.	

Principal Place of Business 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442	Mailing Address 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
--	--



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ECKERT, CHARLES S
1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000062101
02/23/04-80108-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD	ECKERT, SCOTT A
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200	
CITY-STATE-ZIP DEERFIELD BEACH, FL 33442	
TITLE VPD	ECKERT, CHARLES S
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200	
CITY-STATE-ZIP DEERFIELD BEACH, FL 33442	
TITLE AS	ECKERT, SIBYL
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200	
CITY-STATE-ZIP DEERFIELD BEACH, FL 33442	
TITLE AT	ECKERT, PATRICIA
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200	
CITY-STATE-ZIP DEERFIELD BEACH, FL 33442	
TITLE 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	
STREET ADDRESS 	
CITY-STATE-ZIP 	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S Eckert
2/24/04

Date

Daytime Phone #

954.771-777