

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 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



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ECKERT, SCOTT A
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VPD
NAME ECKERT, CHARLES S
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE AS
NAME ECKERT, SIBYL
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE AT
NAME ECKERT, PATRICIA
STREET ADDRESS 1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/02/05-80044-015 150.00

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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 another like empowered.

SIGNATURE:

Charles S Eckert CHARLES S ECKERT

Date

3-29-05

Daytime Phone #