

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000067287

1. Entity Name
M.L.S. REALTY OF CHICAGO, INC.



Principal Place of Business
1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442

Mailing Address
1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120457

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 DR., STE. 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

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

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

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

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

TITLE VP
NAME ECKERT, TRACY
STREET ADDRESS 1192 E. NEWPORT CENTER DR., STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000307553
04/15/05-80057-023 150.00

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 954 771 7777

Date

Daytime Phone #