

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90071 034 ***150.00

DOCUMENT # P02000030654

1. Entity Name

HIGHLANDS MULTIPLE LISTING SERVICE, INC.



Principal Place of Business

815 US 27 SOUTH
SEBRING FL 33870

Mailing Address

815 US 27 SOUTH
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)



4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDAN BURKE, ARIANNA
815 US 27 SOUTH
SEBRING FL 33870

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

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, 2004 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTER, RONNIE T	
STREET ADDRESS	1843 US 27 N	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PE	<input type="checkbox"/> Delete
NAME	CARTER, PERRY W	
STREET ADDRESS	1843 US 27 N	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOCK, TERESA	
STREET ADDRESS	2617 US 27 S	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SOWARDS, ERIN	
STREET ADDRESS	809 US 27 S	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODS, JAMES W JR.	
STREET ADDRESS	1000-A W MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	AE	<input type="checkbox"/> Delete
NAME	BURKE, ARIANNA J	
STREET ADDRESS	815 US 27 S	
CITY-ST-ZIP	SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, PERRY W	
STREET ADDRESS	1843 US 27 N	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESELINK, ROBERT	
STREET ADDRESS	2521 US 27 S	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, NANCY	
STREET ADDRESS	2521 US 27 S	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORING, LINDA	
STREET ADDRESS	809 US 27 S	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JAMES W JR	
STREET ADDRESS	1753 US 27 S	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BEBBIE	
STREET ADDRESS	809 US 27 S	
CITY-ST-ZIP	SEBRING, FL 33870	

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

4-14-04

863 3856014

Date

Daytime Phone #

ARIANNA J. BURKE