2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020345

Entity Name: FLAGLER COUNTY MULTIPLE LISTING SERVICE, INC.

FILED Mar 24, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2010 EAST BUNNELL,	STATE HIGHV FL 32110 L					
Current Mailing Address:			New Mailing Address:			
P.O. BOX 1997 FLAGLER BEACH, FL 32136 US			P.O. BOX 1216 BUNNELL, FL 32110 US			
FEI Number:	20-0679453	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SAPIENZA, STEPHEN ESQ. 300 NORTH STATE STREET BUNNELL, FL 32110 US			CHIUMENTO, MICHAEL ESQ. 4 OLD KINGS ROAD N. PALM COAST, FL 32137 US			
The above in the State		ubmits this statement for the pur	pose of	f changing it	s registered o	office or registered agent, or both,
SIGNATUR	E: MICHAEL	CHIUMENTO III				03/24/2005
	Electronic	Signature of Registered Agent	•			Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GIUMENTA, RIC	Delete E HIGHWAY 100 2110 US		Title: Name: Address: City-St-Zip:	GIUMENTA, RI	ATE HIGHWAY 100
Title: Name: Address: City-St-Zip:	AIKEN, DEBORA	E HIGHWAY 100		Title: Name: Address: City-St-Zip:	AIKEN, DEBOR	ATE HIGHWAY 100
Title: Name: Address: City-St-Zip:	VIDES, LOURDE	E HIGHWAY 100		Title: Name: Address: City-St-Zip:	() Change()Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	WILSON, ANNI	E HIGHWAY 100
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	GARDINAL, AN	E HIGHWAY 100
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	BYARS, JAN) Change (X) Addition E HIGHWAY 100 32110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE:	DOROTHY DESVOUSGES	EO	03/24/2005