## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000020345

Entity Name: FLAGLER COUNTY MULTIPLE LISTING SERVICE, INC.

FILED Apr 25, 2008 Secretary of State

•			<b>,</b>	
Current Principal Place of Business:			New Princ	ipal Place of Business:
2710 EAST BUNNELL,	MOODY BL FL 32110	VD US		
Current Mailing Address:			New Maili	ng Address:
P.O. BOX 1 BUNNELL,		US		
FEI Number:	20-0679453	FEI Number Applied For ( )	El Number Not Appl	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CHIUMENTO, MICHAEL ESQ. 4 OLD KINGS ROAD N. PALM COAST, FL 32137 US				
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.				
SIGNATURE:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
Title: Name: Address: City-St-Zip:	PE ( MILLHOLLIN, 2710 EAST M BUNNELL, FL	100DY BLVD	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition MILLHOLLIN, JIMMY 2710 EAST MOODY BLVD BUNNELL, FL 32110 US
Title: Name: Address: City-St-Zip:	AIKEN, DEBO	MOODY BLVD	Title: Name: Address: City-St-Zip:	PE (X) Change ( ) Addition SABOE, RUSSELL 2710 EAST MOODY BLVD BUNNELL, FL 32110 US
Title: Name: Address: City-St-Zip:	DS ( BASSETT, CY 2710 EAST M BUNNELL, FL	100DY BLVD	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition RICHARDSON, PAM 2710 EAST MOODY BLVD BUNNELL, FL 32110 US
Title: Name: Address: City-St-Zip:	DT ( MALLOWS, F 2710 EAST M BUNNELL, FL	100DY BLVD	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition NIENIMEN, SCOTT 2710 EAST MOODY BLVD BUNNELL, FL 32110
Title: Name: Address: City-St-Zip:	VP ( KAZMIER, EF 2710 E. MOO BUNNELL, FL	DY BLVD	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition DOLAMORE, LINDSAY 2710 E. MOODY BLVD BUNNELL, FL 32110
Title:	Р (	( ) Delete	Title:	D (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

GIUMENTA, HONORA

BUNNELL, FL 32110

2710 EAST MOODY BLVD

SIGNATURE: DOROTHY DESVOUSGES EO 04/25/2008

GIUMENTA, HONORA

BUNNELL, FL 32110

2710 EAST MOODY BLVD

Name:

Address:

City-St-Zip: