

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 040 ***150.00

DOCUMENT # P04000087756

1. Entity Name
TIMESHARE MLS INC.



Principal Place of Business
10319 HIDDEN LANE
ORLANDO, FL 32821 US

Mailing Address
10319 HIDDEN LANE
ORLANDO, FL 32821 US

2. Principal Place of Business
7649 Mount Carmel Dr.

3. Mailing Address
7649 Mount Carmel Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
20-1320221

Applied For
Not Applicable

Zip Country
32835 USA

Zip Country
32835 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JOSEPH G.
10319 HIDDEN LANE
ORLANDO, FL 32821

7. Name and Address of New Registered Agent

Name Howard S. Levene
Street Address (P.O. Box Number is Not Acceptable)
7649 Mount Carmel Dr.
City Orlando, FL Zip Code 32835

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 Howard S. Levene Howard S. Levene, President

3-1-05

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 P ☒ Delete
NAME LUCAS, JOSEPH G.
STREET ADDRESS 10319 HIDDEN LANE
CITY-ST-ZIP ORLANDO, FL 32821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME Howard S. Levene
STREET ADDRESS 7649 Mount Carmel Dr.
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE:

Joseph G. Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Lucas

Date

Daytime Phone #

888 407 3229