2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122598

Entity Name: GULF COAST REGIONAL MULTIPLE LISTING SERVICE, INC.

FILED May 04, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2901 MANATEE AVNUE WEST BRADENTON, FL 34205				4732 S.R. 64 EAST BRADENTON, FL 34208				
Current Mailing Address:				New Mailing Address:				
2901 MANATEE AVNUE WEST BRADENTON, FL 34205			4732 S.R. 64 EAST BRADENTON, FL 34208					
FEI Number:	20-3787870	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
REID, EDWARD O 3633 26TH STREET WEST BRADENTON, FL 34205 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,								
in the State								
SIGNATUR		ic Signature of Registered Agen				 Date		
Election Carr		Trust Fund Contribution ().	•			Bate		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	DP () OLISEWSKI, JO 2901 MANATEE BRADENTON, F	AVNUE WEST		Title: Name: Address: City-St-Zip:	D (X) O OLISEWSKI, JOA 4732 S.R. 64 EA BRADENTON, FL	ST		
Title: Name: Address: City-St-Zip:	DST () FORD, DAVID 2901 MANATEE BRADENTON, F			Title: Name: Address: City-St-Zip:	VP (X) O FORBES, DAN 4732 S.R. 64 EA BRADENTON, FL			
Title: Name: Address: City-St-Zip:	VP () PARKER, LYNN 2901 MANATEE BRADENTON, F	AVE WEST		Title: Name: Address: City-St-Zip:	P (X) O PARKER, LYNN 4732 S.R. 64 EA BRADENTON, FL			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () C SCHOMAKER, JU 4732 S.R. 64 EA BRADENTON, FL	ST		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () C GRANT, ROBER 4732 S.R. 64 EA BRADENTON, FL	ST		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () C WELLS, LESLIE 4732 S.R. 64 EA BRADENTON,, F	ST		

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.

SIGNATURE:	LYNN PARKER	P	05/04/2007