## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000046840

FILED Apr 27, 2004 Secretary of State

Entity Name: MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1330 W LEE ROAD ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 200 S. ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801 FEI Number: 59-3327537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A.G.C. CO 200 S ORANGE AVE **SUITE 2300** ORLANDO, FL 32801 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 DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LAWRENCE, JIM LAWRENCE, JIM Name: Name: 690 DELTONA BLVD 690 DELTONA BLVD Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725 Title: Title: ( ) Delete () Change () Addition VOSS, SHARON Name: Name: 317 WEKIVA SPRING RD, #100 Address: Address: LONGWOOD, FL 327793607 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition JENNINGS, BELTON JENNINGS, BELTON Name: Name: PO BOX 587 N/A PO BOX 609400 Address: Address: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 328609400 City-St-Zip: Title: () Delete Title: AS (X) Change ( ) Addition COHEN, JOEL COHEN, JOEL Name: Name: Address: 13905 FAIRWAY ISLAND DR #1034 Address: 2219 HILLSHIRE DRIVE City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32828 Title: PD Title: (X) Change ( ) Addition () Delete KEYES, TONI Name: GALLAGHER, KATHLEEN Name: 2148 E HWY 540A 1315 TUSKAWILLA RD., STE 101 Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: WINTER SPRINGS, FL 32708 Title: VTD ( ) Delete Title: (X) Change ( ) Addition PERRY, JEFFREY D Name: Name: GOODWIN-DIETZ, KIM 413 W. OAK STREET 931 W. OAK STREET, STE 100 Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

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.

SIGNATURE: BELTON E JENNINGS S 04/27/2004