

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90121 033 ***150.00

DOCUMENT # P95000046840 1. Entity Name MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, INC.			
Principal Place of Business 1330 W LEE ROAD ORLANDO, FL 32810		Mailing Address P.O. BOX 609400 ORLANDO, FL 32860 94	
2. Principal Place of Business - No P.O. Box # <i>Mid Florida Regional</i> Suite, Apt. #, etc.		3. Mailing Address <i>5032 Goddard AVE</i> Suite, Apt. #, etc.	
City & State Orlando Florida		4. FEI Number 59-3327537	
Zip 32804		Country United States	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JENNINGS, BELTON E 1330 W. LEE ROAD ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name <i>Joel Cohen</i> Street Address (P.O. Box Number is Not Acceptable) <i>5032 Goddard AVE</i> City <i>Orlando</i> FL Zip Code <i>32804</i>	
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 <i>Joel Cohen</i> DATE <i>4/23/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME VAHEY, JACK STREET ADDRESS 125 E WILT AVE CITY-ST-ZIP EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE PD NAME Hunt, Martin STREET ADDRESS 2015 STRD 434 CITY-ST-ZIP Longwood FL, 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PPD NAME THOMAS, SCAGLIONE STREET ADDRESS 14823 DALE MABRY HWY CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE PPD NAME Vahey, Jack STREET ADDRESS 125 E Wilt Ave CITY-ST-ZIP Eustis FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JENNINGS, BELTON STREET ADDRESS PO BOX 609400 CITY-ST-ZIP ORLANDO, FL 328609400	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Bill Briggie STREET ADDRESS 498 Esther Lane CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME COHEN, JOEL STREET ADDRESS 2219 HILLSHIRE DRIVE CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PED NAME HUNT, MARTIN STREET ADDRESS 2015 STATE ROAD 434 CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE PED NAME Carlos A. Fuentes STREET ADDRESS 1628 Dale Mabry Hwy #105 CITY-ST-ZIP Lutz, FL 33548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FREY, JOHN STREET ADDRESS 3184 SOUTH JOHN YOUNG PARKWAY CITY-ST-ZIP KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Aaron Chandler STREET ADDRESS 4406 S. Florida Ave, #27 CITY-ST-ZIP Lakeland, FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <i>Joel Cohen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/23/08</i> <small>Date</small>	