2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90053 015 ***150.00

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1. Entity Name
DESOTO COUNTY BOARD OF REALTORS, INC.

Principal Place of Business	Mailing Address
10 S DESOTO AVE SUITE C ARCADIA, FL 34266 US	10 S DOSOTO AVE., SUITE C ARCADIA, FL. 33821

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	10 S. DeSoto Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. C
City & State	City & State Arcadia FL
Zip / Country	Zip 34266 / Country US

4. FEI Number 59-2921214 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAROCQUE, MARILYN 10 S DESOTO AVE SUITE C ARCADIA, FL 34266 OK	Name [redacted] Street Address (P.O. Box Number is Not Acceptable) [redacted] City [redacted] FL Zip Code [redacted]

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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, EUGENE JR 10 S DESOTO AVE SUITE C ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, GORDON 313 W OAK STREET ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOW, MARY 11 E OAK ST ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMIOTEA, KATHEY 10 S DESOTO AVE SUITE C ARCADIA, FL 34266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ann Burga 10. S. DeSoto Ave Ste. C Arcadia, FL. 34266 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BACKER, TIM 10 S DESOTO AVE SUITE C ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VITALI, JEAN 10 S DESOTO AVE SUITE C ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 3-17-05 863-494-7700
SIGNATURE AND TYPED OR PRINTED NAME OF ESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #