

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000093512**

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



Principal Place of Business  
**10 S DESOTO AVE  
SUITE C  
ARCADIA FL 34266  
US**

Mailing Address  
**10 S DOSOTO AVE., SUITE C  
ARCADIA FL 33821**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/06)

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  
**WALKER, KATHY  
10 S DESOTO AVE  
SUITE C  
ARCADIA FL 34266**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D	NAME	TURNER, EUGENE JR	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	10 S DESOTO AVE SUITE C	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	
TITLE	D	NAME	MARTIN, GORDON	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	313 W OAK STREET	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	
TITLE	D	NAME	DOW, MARY	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	11 E OAK ST	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	
TITLE	D	NAME	BURG, ANN A	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	10 S DESOTO AVE SUITE C	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	
TITLE	P	NAME	BACKER, TIM	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	10 S DESOTO AVE SUITE C	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	
TITLE	V	NAME	VITALI, JEAN	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	10 S DESOTO AVE SUITE C	STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	ARCADIA FL 34266	CITY ST ZIP		CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ **1/26/07** **863-494-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #