

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000013108

1. Entity Name
M.L.S. REALTY, INC.



Principal Place of Business
1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

Mailing Address
1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0641843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECKERT, SCOTT
1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	DPT
NAME	ECKERT, SCOTT A
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DVP
NAME	KOPLow, HAROLD
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DVPS
NAME	ECKERT, CHARLES S
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	AS
NAME	ECKERT, SIBYL
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	AT
NAME	ECKERT, PATRICIA
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, STE. 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000285002
04/02/05-80027-019 150.00

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IN THIS SPACE**

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:

Charles S Eckert

CHARLES S ECKERT

3/30/05

954 771 7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #