

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SPACE COAST ASSOCIATION OF REALTORS, INC		D Employer identification number 23-1250368
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 MCLEOD STREET		E Telephone number (321) 452-9490
		City or town, state or country, and ZIP + 4 MERRITT ISLAND, FL 32953		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **HTTP://SPACE321.COM**

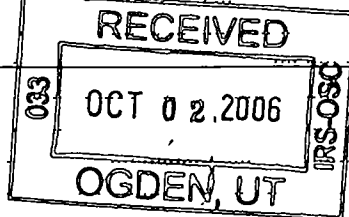
J Organization type (check only one) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,311,536.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		22,201.
	3	Membership dues and assessments	3		1,041,067.
	4	Interest on savings and temporary cash investments	4		15,140.
	5	Dividends and interest from securities	5		
	6	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
Revenue	8	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	a		8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)	11		233,128.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,311,536.
Expenses	13	Program services (from line 44, column (B))	13		858,107.
	14	Management and general (from line 44, column (C))	14		151,041.
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17		1,009,148.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		302,388.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		915,625.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20		<32,454.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,185,559.



SCANNED OCT 16 2006

22

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	75,455.	37,727.	37,728.	0.
26 Other salaries and wages	203,286.	185,265.	18,021.	
27 Pension plan contributions	11,061.	8,848.	2,213.	
28 Other employee benefits				
29 Payroll taxes	21,791.	17,432.	4,359.	
30 Professional fundraising fees				
31 Accounting fees	19,317.		19,317.	
32 Legal fees	6,790.	6,790.		
33 Supplies	59,835.	59,835.		
34 Telephone	11,664.	9,332.	2,332.	
35 Postage and shipping				
36 Occupancy	7,022.	5,618.	1,404.	
37 Equipment rental and maintenance	2,923.		2,923.	
38 Printing and publications				
39 Travel	39,112.	35,200.	3,912.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	16,893.	13,515.	3,378.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	533,999.	478,545.	55,454.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,009,148.	858,107.	151,041.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 3

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
REAL ESTATE BOARD All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PROVIDE COMMUNICATION, CONTINUING EDUCATION, SUPPLIES, MULTIPLE LISTING SERVICES AND MATERIALS, AND RELATED SERVICES TO CENTRAL AND NORTH BREVARD COUNTY REALTORS # BENEFITTED = APPROX 1,655 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	858,107.
b (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	858,107.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	195,622.	45	641,713.
	46 Savings and temporary cash investments	573,585.	46	551,747.
	47 a Accounts receivable	47a 5,314.		
	b Less: allowance for doubtful accounts	47b	47c	5,314.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	22,829.	52	42,599.
	53 Prepaid expenses and deferred charges	54,010.	53	30,861.
	54 Investments - securities STMT 5 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	190,000.	54	192,369.
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 349,505.			
b Less: accumulated depreciation	57b 181,948.	57c	167,557.	
58 Other assets (describe SEE STATEMENT 4)	169,976.	58	62,863.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,223,811.	59	1,695,023.	
Liabilities	60 Accounts payable and accrued expenses	48,248.	60	242,449.
	61 Grants payable		61	
	62 Deferred revenue	259,938.	62	267,015.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65)	308,186.	66	509,464.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	915,625.	67	1,185,559.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	915,625.	73	1,185,559.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,223,811.	74	1,695,023.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 274,038.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c 1,041,067.		
d	Section 162(e) lobbying and political expenditures		
	85d 0.		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e 0.		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f 0.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911		
	N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
	N/A		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	N/A		
90 a	List the states with which a copy of this return is filed		
	FL		
b	Number of employees employed in the pay period that includes March 12, 2005		
	90b 7		
91 a	The books are in care of		
	LEAH SELIG Telephone no. 321-452-9490		
	Located at 105 MCLEOD STREET, MERRITT ISLAND, FL ZIP + 4 32953		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		
	N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
	92 N/A		

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a PHOTOGRAPHY FEES	531390	22,201.			
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	531390	611,516.			429,551.
95 Interest on savings and temporary cash investments			14	15,140.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SUPPLIES	531390	117,701.			
b MISCELLANEOUS	531390	10,256.			64,518.
c LATE FEES	531390	14,513.			14,112.
d ROYALTY FEES	531390	12,028.			
e _____					
104 Subtotal (add columns (B), (D), and (E))		788,215.		15,140.	508,181.
105 Total (add line 104, columns (B), (D), and (E))					1,311,536.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, to...
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a...
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to preparer.

Signature of officer: *Dabud A. Bradley* Date: 9/2

Paid Preparer's Use Only

Preparer's signature: *Dabud A. Bradley*

Firm's name (or yours if self-employed), address, and ZIP + 4: HOYMAN, DOBSON & COMPANY, 215 BAYTREE DRIVE, SUITE MELBOURNE, FL 32940

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
----------	--	-----------	---

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT - ACCRUED INCOME TAX	<32,454.>
TOTAL TO FORM 990, PART I, LINE 20	<32,454.>

FORM 990	OTHER EXPENSES	STATEMENT	2
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	3,300.	3,300.		
AMORTIZATION	4,474.		4,474.	
COMMITTEES	15,533.	15,533.		
IMAPP FEES	15,725.	15,725.		
INSURANCE	36,957.	29,566.	7,391.	
MEMBER SERVICES	39,040.	39,040.		
MISCELLANEOUS	31,313.	27,468.	3,845.	
MLS ACCESS FEES	215,407.	215,407.		
NEWSLETTER	3,154.	3,154.		
OFFICE EXPENSE	58,907.	47,126.	11,781.	
TAXES	81,693.	81,693.		
PHOTOGRAPHY	533.	533.		
REPAIRS & MAINTENANCE	27,354.		27,354.	
SECURITY SYSTEM	318.		318.	
SUBSCRIPTIONS & DUES	291.		291.	
TOTAL TO FM 990, LN 43	533,999.	478,545.	55,454.	

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LISA DURGIN 1415 N. ATLANTIC AVE. COCOA BEACH, FL 32931	DIRECTOR 1.98	0.	0.	0.
LANCE VANDEBERG 2275 N COURTENAY PKWY MERRITT ISLAND, FL 32953	DIRECTOR 1.98	0.	0.	0.
LEAH M. SELIG 105 MCLEOD ST MERRITT ISLAND, FL 32953	EXECUTIVE DIRECTOR 37.50	75,455.	6,302.	1,200.
DENNY BYRD 335 PINEDA COURT MELBOURNE, FL 32940	DIRECTOR 1.98	0.	0.	0.
KATHERINE STARKEY 101 S. COURTENAY PKWY #201 MERRITT ISLAND, FL 32952	PRESIDENT 1.98	0.	0.	0.
SUSAN DALEY 915 N. COURTENAY PKWY MERRITT ISLAND, FL 32953	SECRETARY 1.98	0.	0.	0.
CYNTHIA KELLEY 1399 N. ATLANTIC AVE. COCOA BEACH, FL 32931	DIRECTOR 1.98	0.	0.	0.
STEPHEN ROMANO 1 S. ORLANDO AVE. COCOA BEACH, FL 32931	PRESIDENT-ELECT 1.98	0.	0.	0.
MICHAEL HEACOCK 3815 N. U. S. 1 SUITE #122 COCOA, FL 32926	DIRECTOR 1.98	0.	0.	0.
THOMAS TAYLOR 3333 S. HOPKINS AVE TITUSVILLE, FL 32780	DIRECTOR 1.98	0.	0.	0.
DANIEL BARBER 380 S. COURTENAY PKWY MERRITT ISLAND, FL 32952	DIRECTOR 1.98	0.	0.	0.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form with fields: Name of Exempt Organization (SPACE COAST ASSOCIATION OF REALTORS, INC), Employer identification number (23-1250368), Address (105 MCLEOD STREET, MERRITT ISLAND, FL 32953)

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of LEAH SELIG

Telephone No. 321-452-9490 FAX No. 321-452-1108

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 1 request an additional 3-month extension of time until NOVEMBER 15, 2006.
2 For calendar year 2005, or other tax year beginning ... and ending ...
3 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
4 State in detail why you need the extension

ADDITIONAL INFORMATION FROM A THIRD PARTY IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Vera E. Hall Title CPA Date 8/19/06

Notice to Applicant - To Be Completed by the IRS

- 1 We have approved this application. Please attach this form to the organization's return. (checked)
2 We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
3 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
4 We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
5 Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

RECEIVED stamp: HOYMAN, DOBSON & COMPANY, P.A., 215 BAYTRESS DRIVE, SUITE 1, MERRITT ISLAND, FL 32940