

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000008527	
1. Entity Name JACKSONVILLE AUTO AUCTION, INC.	
Principal Place of Business 11982 NEW KINGS ROAD JACKSONVILLE, FL 32219 US	Mailing Address 11982 NEW KINGS ROAD JACKSONVILLE, FL 32219 US



07242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2188266	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GUNDY, RICHARD 5220 SPRING VALLEY ROAD, SUITE 410 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT MILLER, DUSTIN 5220 SPRING VALLEY ROAD, SUITE 410 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR GUNDY, RICHARD 5220 SPRING VALLEY ROAD, SUITE 410 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR SEDACCA, EDWARD 5220 SPRING VALLEY ROAD, SUITE 410 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/31/07-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/07 214-237-3203
Date Daytime Phone