


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # P28248</b><br>1. Entity Name<br><b>WALNUT GROVE AUCTION SALES, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>1070 WALNUT GROVE RD.<br/>ROEBUCK SC 29376</b>  |   |  | Mailing Address<br><b>P.O. BOX 226<br/>ROEBUCK SC 29376</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc |   |  |  |
| City & State  |   | City & State                                 |   |  |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number <b>57-0446843</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>Not Applicable       </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |   | MOORE CR2E034 (11/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MC, FAIRLAINE, STERNSTEIN, WILEY &amp; CASSEDY<br/>215 S MONROE ST<br/>SUITE 600<br/>TALLAHASSEE FL 32316-2174</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>HARRISON, LEWIS<br>P O BOX 226 N/A<br>ROEBUCK SC      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | U000000017522<br>01/28/04-80100-003 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>CHRISTOPHER, WENDELL<br>P O BOX 226 N/A<br>ROEBUCK SC |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>CHRISTOPHER, MARY JO<br>P O BOX 226 N/A<br>ROEBUCK SC |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>HARRISON, NANCY<br>P O BOX 226 N/A<br>ROEBUCK SC      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |  |  |
| <b>SIGNATURE: Deborah L Johnson</b> <i>D.L. Johnson</i> <b>1/21/04</b> <b>804-576-9244</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |  |   |  |  |