


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 494225</b> 1. Entity Name GENERAL EQUIPMENT AUCTIONS CO.	
--	---

Principal Place of Business 6021 ADAMO DRIVE TAMPA, FL 33619	Mailing Address 6021 ADAMO DRIVE TAMPA, FL 33619
--	--

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1678129	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  HALL, EMILY D. 6021 ADAMO DRIVE TAMPA, FL 33619
--

**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 _____ DATE <u>2-8-08</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000921622 02/19/08-80034-015 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, E. D. 7979 SAILBOAT KEY SOUTH BLDG 11 #101 PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VISE, CLARA LU 303 BOND ST. BENTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP VISE, JAMES 303 BOND ST BENTON, IL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISE, JAMES 303 BOND ST. BENTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, ROBERT H. 6021 ADAMO DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: <u>James Vise</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-8-08</u> <u>813-935-2397</u> <small>Daytime Phone</small>