2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 25, 2007 08:00 AM Secretary of State

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1. Entity Name

JACÓBSON AUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

2103 SUNRISE BLVD FORT PIERCE, FL 34950 US

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DO NOT WRITE IN THIS SPACE

01162007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2030740

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROMANG, STEPHEN **1861 10TH AVENUE** VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and little if	Fapplicable (NOTE: Registered A	gent signature	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, ROGER C 339 HERNANDO FORT PIERCE, FL 34949				U00000602484 01/26/07-80088-016 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reporter flue 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 of powered 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 attrachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRI ME OF SIGNING OFFICER OR DIRECTOR