



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90467 003 ***150.00

DOCUMENT # J78121 1. Entity Name GULF COAST AUCTIONEERING SERVICES, INC.					
Principal Place of Business 1113 HAMMOCK SHADE DR LAKELAND, FL 33809 US			Mailing Address 1113 HAMMOCK SHADE DR LAKELAND, FL 33809 US		
2. Principal Place of Business 3410 FUTCH ROAD Suite, Apt. #, etc.		3. Mailing Address 3410 FUTCH ROAD Suite, Apt. #, etc.			
City & State PLANT CITY, FL.		City & State PLANT CITY, FL.		4. FEI Number 59-2826382	
Zip 33566		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILES, SHAWN LYNN 1113 HAMMOCK SHADE DR LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3410 FUTCH ROAD City PLANT CITY FL Zip Code 33566	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS WILES, SHAWN L 1113 HAMMOCK SHADE DR LAKELAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3410 FUTCH ROAD PLANT CITY, FL. 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILES, SUZANNE M 1113 HAMMOCK SHADE DR. LAKELAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3410 FUTCH ROAD PLANT CITY, FL. 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Shawn Lynn Wiles</u> Shawn Lynn Wiles 4-27-05 (813) 757-3108 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #					