

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K42425

1. Entity Name  
THE AUCTION MAN, INC.



Principal Place of Business

2020 QUEEN ST  
SUITE 22

FORT MYERS, FL 33917 US

Mailing Address

2020 QUEEN ST  
SUITE 22

FORT MYERS, FL 33917 US

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0146939

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHUDLICK, JON LARSEN  
2020 QUEEN ST  
FORT MYERS, FL 33917

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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

*Jon Larsen*  
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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11000007240303  
04/06/05-80061-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SHUDLICK, JON LARSEN  
2020 QUEEN ST STE 22  
N FORT MYERS, FL 33917

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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:

*Jon Larsen Shudlick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/05 239-656-3072  
Date Daytime Phone #