

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90033 026 \*\*\*158.75

<b>DOCUMENT # K42425</b> 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	
2. Principal Place of Business - No P.O. Box # 4403 COUNTRY CLUB BLVD Suite, Apt. #, etc. E202 City & State CAPE CORAL, FL Zip 33904 Country USA		3. Mailing Address 4403 COUNTRY CLUB BLVD Suite, Apt. #, etc. E202 City & State CAPE CORAL FL Zip 33904 Country USA	
6. Name and Address of Current Registered Agent SHUDLICK, JON LARSEN 2020 QUEEN ST FORT MYERS, FL 33917		7. Name and Address of New Registered Agent Name SHUDLICK, JON LARSEN Street Address (P.O. Box Number is Not Acceptable) 4403 COUNTRY CLUB BLVD E202 City CAPE CORAL FL Zip Code 33904	
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: <u>Jon Larsen Shudlick</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>03/31/08</u>			
<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</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
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	PSTD SHUDLICK, JON LARSEN 4403 COUNTRY CLUB BLVD E202 CAPE CORAL FL 33904
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
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
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
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 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>Jon Larsen Shudlick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>03/31/08</u> DAYTIME PHONE #: <u>239-218-4028</u>	