2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # K98730

Entity Name
 WILKINSON AUCTION AND ESTATE LIQUIDATORS, INC.



Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

24329 SR 26

% TONI WILKINSON, P.O. BOX 1180 SORRENTO, FL 32776 Mailing Address

24329 SR 26

% TONI WILKINSON, P.O. BOX 1180

SORRENTO, FL 32776



FILED

DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2958742

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, TONI 24329 SR 46 SORRENTO, FL 32776

DO NOT WRITE IN THIS SPACE

					- 12.45 year	ince the second
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	Mapp/icable (NOTE, Registered A		required when reinstating)	DAYE .	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000029461 02/04/04-80066-022	150.00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZP	PVTS WILKINSON, TONI 204 W CHESLEY AVE EUSTIS, FL 32726	○ (本語: □				
TIPLE NAME STREET ADDRESS CXTY - ST-ZXP		· · · · · · · · · · · · · · · · · · ·			••	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CATY-ST-ZAP				IN T	THIS SPACE	
TOLE						

12. I hereby certify that the information supplied with this filling 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 eath, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 350 383338 Daysime Promp*