## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Mar 02, 2007 08:00 A Secretary of State **DOCUMENT # L14773** 1. Entity Name NORTH CENTRAL FLORIDA AUTO AUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 4526 3620 NE 47 PL OCALA, FL 34479 OCALA, FL 34478 No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2974106 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANSELL, VERNON R DO NOT WRITE 3620 NE 47 PL OCALA, FL 34479 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U00000653830 <del>/13/97-00038</del> OFFICERS AND DIRECTORS 10. TITLE ANSELL, VERNON R NAME STREET ADDRESS 3620 NE 47 PL OCALA, FL 34479 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-7IP

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

TITLE ... ...
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

107 352-351-863-7