2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M73430  1. Entity Name  LAND AND SEA AUCTIONS, INC.				Feb 16, 2004 08:00 AM Secretary of State
Principal Plac	n of Rusiness	Mailing Address		<del></del>
Principal Place of Business  8065 OVERSEAS HIGHWAY  MARATHON FL 33050  US		8065 OVERSEAS HIGHWAY SUITE #1 MARATHON FL 33050 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0034561 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
FULLOM, CHRISTINE K. 8065 OVERSEAS HIGHWAY MARATHON FL 33050			Street Add	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE  Signature (NOTE Registered Agent signature required to Agent signature required to Agent signature required to Agent May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	FULLOM, CHRISTINE K. 8065 OVERSEAS HIGHWAY MARATHON FL 33050		NAME STREET ADDRESS CITY - ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition  U00000052159  02/16/04=80079-026 change 00 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	UZ/16/U4-8UUT3-UZ change UL Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

FILED.

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 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #