## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P01000002734** 04-21-2004 90089 044 \*\*\*150.00 STEVEN BRADLEY AUCTIONEER, INC. Principal Place of Business Mailing Address 5940 COUNTY RD. 5940 COUNTY RD. BRADENTON, FL 34202 BRADENTON, FL 34202 3. Malling Address 2. Principal Place of Business 5940 (our Koad 675 5940 County Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Pity & State Applied For City & State 4. FEI Number radentar 59-3689598 Not Applicable radenta \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brodley Steven BRADLEY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 5940 COUNTY RD. BRADENTON, FL 34202 Brodenton 5. 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. (NOTE: Registered Agent algosture required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD BD Change TITLE Delete TITLE ☐ Addition Bradley, Steven 5940 County Road 675 NAME BRADLEY, STEVEN NAME STREET ADDRESS 5940 COUNTY RD. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP radenton TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7/P CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE -NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 🔲 Change 🚤 🔲 Addition . Delete: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-BT-ZIP CITY-81-7/P 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 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:

FILED