

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90009 024 \*\*\*150.00

<b>DOCUMENT # P02000022908</b>					
<b>1. Entity Name</b> JEFF WILES AUCTIONEER, INC.					
<b>Principal Place of Business</b> 3008 LEILA ESTELLA DRIVE PLANT CITY, FL 33565			<b>Mailing Address</b> 3008 LEILA ESTELLA DRIVE PLANT CITY, FL 33565		
<b>2. Principal Place of Business - No P.O. Box #</b> 3008 Leila Estelle Drive		<b>3. Mailing Address</b> 3008 Leila Estelle Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Plant City FL		<b>City &amp; State</b> Plant City, FL		<b>4. FEI Number</b> 59-3113059	
<b>Zip</b> 33565		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILES, JEFF 3008 LEILA ESTELLA DRIVE PLANT CITY, FL 33565			<b>7. Name and Address of New Registered Agent</b> Name: <u>Jeff Wiles</u> Street Address (P.O. Box Number is Not Acceptable): <u>3008 Leila Estelle Dr</u> City: <u>Plant City</u> <u>FL</u> Zip Code: <u>33565</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD WILES, JEFF <input type="checkbox"/> Delete 3008 LEILA ESTELLA DRIVE PLANT CITY, FL 33565				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Delete QUIROGA, PAULA 3008 LEILA ESTELLA DRIVE PLANT CITY, FL 33565				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHANNA VERONICA WILES 3008 LEILA ESTELLE DR PLANT CITY FL 33565				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jeff Wiles President 2-4-07</u> <u>813-707-0960</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					