

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000067368

1. Entity Name

SOUTH FLORIDA ESTATE AUCTION INC.



**FILED  
Jan 30, 2004 8:00 am  
Secretary of State**

01-30-2004 90059 046 \*\*\*150.00

Principal Place of Business

1615 STATE RD. 7  
MARGATE FL 33063

Mailing Address

6890 N.W., 16TH. ST.  
MARGATE FL 33063

2. Principal Place of Business

1615 ST. RD. 7 Margate, Fl

3. Mailing Address

1615 State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, Fl.

City & State

Margate Fl.

Zip

33063

Zip

33063

Country

U.S.A.

Country

U.S.A.

4. FEI Number

02-0620783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELKER, WILLIAM L  
6890 N.W. 16TH. ST.  
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME FELKER, WILLIAM L  
STREET ADDRESS 6890 NW 16TH STREET  
CITY-ST-ZIP MARGATE FL 33063

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE S  
NAME FELKER, GLENNA R  
STREET ADDRESS 6890 NW 16TH ST  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE  
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CITY-ST-ZIP

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Change

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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 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: *Glenna R. Felker*

1-27-04

954-973-9407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #