

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90095 016 ***150.00

DOCUMENT # P02000075628 1. Entity Name LEE FLEMING AUCTION, INC.					
Principal Place of Business 5210 CEDER HAMMOCK COURT SARASOTA FL 34232			Mailing Address 5210 CEDER HAMMOCK COURT SARASOTA FL 34232		
2. Principal Place of Business 4401 ASHTON RD. Suite, Apt. #, etc. STE C		3. Mailing Address 4401 ASHTON RD. Suite, Apt. #, etc. STE C			
City & State SARASOTA FLORIDA		City & State SARASOTA, FLORIDA			
Zip 34233	Country USA	Zip 34233	Country USA	4. FEI Number 27-0026070 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AHLQUIST, RICHARD D 2088 HAWTHORNE ST. SARASOTA FL 34239	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME BOATWRIGHT, DIANE STREET ADDRESS 5210 CEDER HAMMOCK COURT CITY-ST-ZIP SARASOTA FL 34232	TITLE [X] Change <input type="checkbox"/> Addition NAME [X] Change <input type="checkbox"/> Addition STREET ADDRESS 3111 HEATHERWOOD LANE CITY-ST-ZIP SARASOTA, FL 34235				
TITLE D <input type="checkbox"/> Delete NAME FLEMMING, LEE STREET ADDRESS 5210 CEDER HAMMOCK COURT CITY-ST-ZIP SARASOTA FL 34232	TITLE [X] Change <input type="checkbox"/> Addition NAME [X] Change <input type="checkbox"/> Addition STREET ADDRESS 4401 ASHTON RD. STE C CITY-ST-ZIP SARASOTA, FLORIDA 34233				
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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: <u>Lee Fleming</u> LEE FLEMING 4/11/05 941-350-8964 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					