

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000141384

1. Entity Name
ANDERSON AUCTIONS, INC.



FILED

08 SEP 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
36008 EMERALD COAST PARKWAY
SUITE 601
DESTIN, FL 32541

Mailing Address
PO BOX 488
DESTIN, FL 32541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3783525

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, BENJAMIN F
569 L'OMBRE CIRCLE
FORT WALTON BEACH, FL 32547

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

Amended AR is \$61.25

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 ANDERSON, BENJAMIN F
STREET ADDRESS 569 L'OMBRE CIRCLE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900135960609
09/16/08--01012--011 **\$61.25

TITLE SEC
NAME ANDERSON, KAREN G
STREET ADDRESS 569 L'OMBRE CIRCLE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE M
NAME HUTCHISON JR, WILLIAM R
STREET ADDRESS 36008 EMERALD COAST PKWY STE 601
CITY-ST-ZIP DESTIN, FL 32541 ☐ Delete

TITLE Director
NAME Hutchison Jr, William R.
STREET ADDRESS 36008 Emerald Coast Pkwy Ste 601
CITY-ST-ZIP Destin FL 32541 ☒ Change ☐ Addition

TITLE M
NAME OGBURN, WILLIAM E
STREET ADDRESS 36008 EMERALD COAST PKWY STE 601
CITY-ST-ZIP DESTIN, FL 32541 ☐ Delete

TITLE Director
NAME Ogburn, William E
STREET ADDRESS 36008 Emerald Coast Pkwy Ste 601
CITY-ST-ZIP Destin FL 32541 ☒ Change ☐ 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

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.

SIGNATURE: Benjamin F. Anderson / Benjamin F. Anderson 9/4/08 850 654 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #