


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90014 045 ***150.00

DOCUMENT # P06000105818 1. Entity Name AUCTIONS & REALTY OF AMERICA, INC.	
---	---

Principal Place of Business 25310 W NEWBERRY ROAD NEWBERRY, FL 32669 US 230 SW 250th St. PM	Mailing Address P.O. BOX 708 NEWBERRY, FL 32669 US
--	--



04152008 No Chg-P CR2E034 (11/05)


DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5369775	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

8. Name and Address of Current Registered Agent MCLENDON, DEANA W 360 SW 264TH ST NEWBERRY, FL 32669

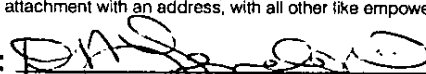
DO NOT WRITE IN THIS SPACE

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 registering)	DATE: 04/15/08 Broker-Auctioneer / Corp. Pres.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLENDON, DEANA W 25310 W NEWBERRY ROAD 230 SW 250th St. NEWBERRY, FL 32669 (PM)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 04/15/08 (352) 472-7005 Corp. Pres. Daytime Phone #