2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P06000119046

1. Entity Name

DEANCO AUCTION OF KISSIMMEE, INC.



Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1400 WEST POINCIANA BLVD KISSIMMEE, FL 34746

3664 S. OATES STREET DOTHAN, AL 36301

FILED Apr 28, 2008 08:00 AN Secretary of State



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04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-1196531

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, DONNIE W **4129 BAYPOINT** C-129 HARBOR VILLA PANAMA CITY, FL 32411

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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE.

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

\$5.00 May Be \Box

DATE

U00000926547 05/20/08-80072-003 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME DEAN, DONNIE W 4129 BAYPOINT, C-129 HARBOR VILLA STREET ADDRESS PANAMA CITY, FL 32411 CITY-ST-ZIP VΡ TITLE DEAN, DONNIE W NAME STREET ADDRESS 4129 BAYPOINT, C-129 HARBOR VILLA CITY-ST-ZIP PANAMA CITY, FL 32411 TITLE WILLIFORD, FREDA B NAME STREET ADDRESS 3664 S. OATES STREET DOTHAN, AL 36301 CITY-ST-ZIP TITLE DEAN, DONNIE W NAME STREET ADDRESS 4129 BAYPOINT, C-129 HARBOR VILLA CITY-ST-ZIP PANAMA CITY, FL 32411 TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

James Willea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #