

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000044393

1. Entity Name
MOECKER AUCTIONS, INC.



Principal Place of Business

**6861 SW 196 AVE
201-04
FORT LAUDERDALE, FL 33332**

Mailing Address

**6861 SW 196 AVE
201-04
FORT LAUDERDALE, FL 33332**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0427870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAPLAN, DONALD
6861 SW 196 AVE.
#201-04
FORT LAUDERDALE, FL 33332**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KAPLAN, DONALD
STREET ADDRESS	6861 SW 196 AVE #201-01
CITY - ST - ZIP	FORT LAUDERDALE, FL 33332
TITLE	CEOT
NAME	MOECKER, MICHAEL E
STREET ADDRESS	6861 SW 196 AVE #201-04
CITY - ST - ZIP	FORT LAUDERDALE, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000224052
02/10/05-80068-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #