

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 043 ***150.00

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01032005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000053827 1. Entity Name M & G NUMISMATIC AUCTIONS, INC.					
Principal Place of Business 270 HUMPHREY RD LAKE MARY, FL 32746 US			Mailing Address P.O. BOX 951988 LAKE MARY, FL 32795-1988 US		
2. Principal Place of Business 233 PORTSMOUTH COVE		3. Mailing Address PO Box 161055			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS FL		City & State ALTAMONTE SPRINGS FL		4. FEI Number 59-3406177	
Zip 32779		Country USA SEATTLE		Zip 32716-1055	
Country USA		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRELLMAN, JOHN R 270 HUMPHREY RD LAKE MARY, FL 32746	
7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 233 PORTSMOUTH COVE City LONGWOOD FL Zip Code 32779				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAWLEY, CHRISTOPHER V 2800 LOST ROCK TRAIL EDMOND, OK 73003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRELLMAN, JOHN R JR 270 HUMPHREY RD LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) (SAME) 233 PORTSMOUTH COVE LONGWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			JOHN R. GRELLMAN, JR 3 JAN 05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

407-682-9592