

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101362

1. Entity Name
ACTION AUCTIONEERS, INC.



FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place of Business
**2154 GALL BLVD
ZEPHYRHILLS, FL 33540**

Mailing Address
**11124 US HWY 98
DADE CITY, FL 33525**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416787

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**ELTING, ROBERT W JR.
11124 US HWY 98
DADE CITY, FL 33525**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELTING, ROBERT W JR.
STREET ADDRESS	3395 SPRING LAKE HWY
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	BAILEY, DARRELL
STREET ADDRESS	309 TIGHE AVENUE
CITY-ST-ZIP	SEFFER, FL 33584
TITLE	D
NAME	HAMM, LINDA J
STREET ADDRESS	11124 US HWY 98
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/07-80001-012 150.00

**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

1/8/07 **813-6774677**
Date Daytime Phone #