


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90066 006 \*\*\*150.00

DOCUMENT # P97000103952			
1. Entity Name NANCY TOWLE AUCTION COMPANY, INC.			
Principal Place of Business 255 53RD CIRCLE VERO BEACH, FL 32968		Mailing Address 255 53RD CIRCLE VERO BEACH, FL 32968	
2. Principal Place of Business <i>2375 Compass Pt. Rd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>2375 Compass Pt. Rd.</i> Suite, Apt. #, etc.	
City & State <i>VERO BEACH FL.</i>		City & State <i>VERO BEACH FL.</i>	
Zip <i>32966</i>	Country	Zip <i>32966</i>	Country
6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333-17TH-STREET-STE U VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D TOWLE, NANCY M 255 53ND CIRCLE VERO BEACH, FL 32968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY M TOWLE 2375 Compass Pt. Rd. VERO BEACH FL 32966 <input checked="" 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
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: <i>Nancy M Towle</i>		Date: <i>4/1/04</i> Daytime Phone #: <i>4772770080</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

24033436

% F 5 3 , , , - , / 5 1 . F &

03232004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3482369 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required