

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000028519

1. Entity Name
AUCTION IT INC.



Principal Place of Business
**4636 N UNIVERSITY DR
LAUDERHILL, FL 33351**

Mailing Address
**4636 N UNIVERSITY DR
LAUDERHILL, FL 33351**



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0828262

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

**BLECKER, STEVEN
6600 NORTH ANDREWS AVE SUITE 306
FT LAUDERDALE, FL 33309**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
REYNOLDSON, BRETT
4636 N UNIVERSITY DR
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000768297
07/12/07-80002-022 150.00

**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

Brett Reynoldson

X 7/10/07

Date

X 954-578-8787

Daytime Phone #