## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

with all other like empowered

## Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # P98000030280 BERN KINARD AUCTIONEER, INC. ... Principal Place of Business \_\_\_ Mailing Address 250 W TOM CISTINE ROAD 250 W TOM CISTINE ROAD LAKELAND, FL 33809 LAKELAND, FL 33809 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3510785 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALLER, CHARLES D DO NOT WRITE 37927 LIVE OAK AVENUE DADE CITY, FL 33525. 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 INOTE Registered Agent signature required when reinstating) DATE Suppliere, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KINARD, BERN 205 W TOM COSTINE RD STREET ADDRESS LAKELAND, FL 33809 CITY-ST-ZIP TITLE U00000212922 NAME 02/03/05-80046-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

Date

**FILED**