

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 A
Secretary of State

DOCUMENT # P98000065971

1. Entity Name
GRANNY'S AUCTION HOUSE, INC.



Principal Place of Business
**61 LILES STREET
TERRA CEIA FL**

Mailing Address
**P.O. BOX 364
TERRA CEIA FL**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0850959**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HODGDON, WALTER
61 LILES STREET
TERRA CEIA FL**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent Signature required when not changing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HODGDON, WALTER	
STREET ADDRESS	P.O. BOX 364	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	S	<input type="checkbox"/> Delete
NAME	GULLERUND, NELS	
STREET ADDRESS	PO BOX 364	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECK, DIANE	
STREET ADDRESS	208 48TH AVENUE, NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *WALTER S. HODGDON* **1/24/08** **7275721567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR