## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 05, 2007 08:00 AN DOCUMENT # P99000078489 **Secretary of State** AMERICAN HERITAGE AUCTIONEERS, INC. Mailing Address Principal Place of Business 28461 U.S. HWY 19 NORTH 28461 U.S. HWY 19 NORTH CLEARWATER, FL 33761 CLEARWATER, FL 33761 01022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3597079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERS, MICHAEL DO NOT WRITE 28461 US HWY 19 NORTH CLEARWATER, FL 33761 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 ed agent and tide if applicable (NOTE, Registered Agont signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD DILE PETERS, MICHAEL NAME STREET ADDRESS 28461 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER, FL 33761 U00000620885 TITLE 02/09/07-80055-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: AME OF SIGNING OFFICER OR DIRECTOR

MAKE STREET ADDRESS CITY-ST-ZIP

727.726.72.72