


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06412</b>	
1. Entity Name <b>FLORIDA AUCTIONEER ACADEMY, INCORPORATED</b>	

Principal Place of Business <b>10376 EAST COLONIAL DRIVE SUITE 110 ORLANDO, FL 32817 US</b>	Mailing Address <b>P.O. BOX 780357 ORLANDO, FL 32878-0357 US</b>
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3038253</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SKEEN, JAMES E 10376 EAST COLONIAL DR., 110 ORLANDO, FL 32817</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000122322 04/21/04 00024 019 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKEEN, JAMES E. 10376 EAST COLONIAL DRIVE, SUITE 110 ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SKEEN, ROSE E. 10376 EAST COLONIAL DRIVE, STE 110 ORLANDO, FL 32817
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**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <u>James E. Skeen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/16/04</u> <small>Date</small>	<u>407-382-6699</u> <small>Daytime Phone #</small>
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