

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90003 024 \*\*\*150.00

**DOCUMENT # 309138**

1. Entity Name

FEDERAL LIQUIDATORS & AUCTION CO., INC.



Principal Place of Business

7859 S. PINE AVE (US 441), STE 13  
OCALA FL 34480  
US

Mailing Address

7859 S. PINE AVE (US 441), STE 13  
OCALA FL 34480  
US

2. Principal Place of Business

7850 S. PINE AVE

Suite, Apt. #, etc.

3. Mailing Address

7850 So. PINE AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

59-1211085

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, W A  
SUITE #13  
7850 SO. PINE (US 441)  
OCALA FL 34480

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

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**

**After May 1, 2004 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           | DPST                             | <input type="checkbox"/> Delete |
| NAME            | HOFFMAN, W A                     |                                 |
| STREET ADDRESS  | SUITE #13 7850 SO. PINE (US 441) |                                 |
| CITY - ST - ZIP | OCALA FL 34480                   |                                 |
| TITLE           | VPD                              | <input type="checkbox"/> Delete |
| NAME            | HOFFMAN, P M                     |                                 |
| STREET ADDRESS  | SUITE #13-7850 SO. PINE (US 441) |                                 |
| CITY - ST - ZIP | OCALA FL 34480                   |                                 |
| TITLE           | VPD                              | <input type="checkbox"/> Delete |
| NAME            | HOFFMAN, M A                     |                                 |
| STREET ADDRESS  | SUITE #13-7850 SO. PINE (US 441) |                                 |
| CITY - ST - ZIP | OCALA FL 34480                   |                                 |
| 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 |  |                                                                   |
| 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

(352) 732-3675

Daytime Phone #