


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90012 018 \*\*\*158.75

<b>DOCUMENT # J08604</b> 1. Entity Name <b>U.S. SURPLUS SALES CORPORATION</b>					
Principal Place of Business <b>170 S WASHINGTON AVE APOPKA, FL 32703</b>			Mailing Address <b>170 S WASHINGTON AVE APOPKA, FL 32703</b>		
2. Principal Place of Business - No P.O. Box # <b>4536 N. ORANGE BLOSSOM TRAIL</b>		3. Mailing Address <b>4536 N. ORANGE BLOSSOM TRAIL</b>			
Suite, Apt. #, etc. <b>SUITE # 1</b>		Suite, Apt. #, etc. <b>SUITE # 1</b>			
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>			
Zip <b>32804</b>	Country <b>USA</b>	Zip <b>32804</b>	Country <b>USA</b>	4. FEI Number <b>59-2660249</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>POCIUS, STEPHEN J. 412 E. 7TH ST APOPKA, FL 32703</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstalling) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD POCIUS, STEPHEN J. 412 E. 7TH ST APOPKA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S STEPHEN J. POCIUS 412 E. 7TH ST APOPKA, FL 32703</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T MARK L. TRACH 409 CHIVAHILL COURT APOPKA, FL 32712</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Stephen J. Pocius</u> PRESIDENT			Date: <u>02-20-07</u> Daytime Phone #: <u>1-800-545-7072</u>		