

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J92113

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** BROKE AND POOR SURPLUS, INC.

**Current Principal Place of Business:**

1048 U.S. HWY 92 W.  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 133  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-2865557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINEBERGER, MARY J.  
6811 MARLYN DR.  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LINEBERGER, MARY J  
Address: 6811 MARILYN DR  
City-St-Zip: LAKELAND, FL

Title: VPD  
Name: MCCORGUADALE, CHARLES E  
Address: 2208 WELLS ROAD  
City-St-Zip: AUBURNDALE, FL 33823

Title: STD  
Name: FLETCHER, LINDA L  
Address: 644 COCKATOO LOOP  
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M LINEBERGER

P

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date