

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15942

FILED
Mar 07, 2009
Secretary of State

Entity Name: FURNITURE LIQUIDATORS, INC.

Current Principal Place of Business:

9230 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

11815 N MAIN ST
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-2969398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUST, ADRIAN
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAVRONSKY, AARON
Address: 8050 COUNTY RD 208
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VDTs () Delete
Name: GAVRONSKY, CHRISTINA
Address: 1120 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES E LIPHAM

CPA

03/07/2009

Electronic Signature of Signing Officer or Director

Date