

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000011423**  
1. Entity Name  
**FINES ESTATE LIQUIDATORS, INC.**



Principal Place of Business      Mailing Address  
**1149 MICHAEL ST.  
DELTONA, FL 32738**      **1149 MICHAEL ST.  
DELTONA, FL 32738**

**DO NOT WRITE IN THIS SPACE**



01122004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**02-0550506**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**FINE, JOSEPH B JR  
1149 MICHAEL ST.  
DELTONA, FL 32738**

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IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, JOSEPH B JR 1149 MICHAEL ST. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, TERESA O 1149 MICHAEL ST. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000010987  
01/23/04-80020-005 150.00

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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 files empowered.

**SIGNATURE:** *Joseph B. Fine*      1/20/04      386.774-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #