

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90259 041 ***150.00

DOCUMENT # P03000005363

1. Entity Name
SURPLUS LIQUIDATION, INC.



Principal Place of Business
**1316 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**

Mailing Address
**1316 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**

71000300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

71-0928182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAPINSKI, THOMAS A
1105 VALE ORCHARD LANE
JACKSONVILLE, FL 32207**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P
SAPINSKI, THOMAS A
STREET ADDRESS 1105 VALE ORCHARD LANE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE NAME ☒ Delete
SECT
MICKLER, JAMES R
STREET ADDRESS 12135 BLACKFOOT TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE NAME ☒ Delete
TREA
MICKLER, JAMES R
STREET ADDRESS 12135 BLACKFOOT TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
SECT
MICKLER, JAMES R.
STREET ADDRESS 2525 MICHAELSON WAY
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE NAME ☒ Change ☐ Addition
TREA
MICKLER, JAMES R.
STREET ADDRESS 2525 MICHAELSON WAY
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

4/20/2004

Date

904-398-7726

Daytime Phone #