**FILED**
**Apr 16, 2005 08:00 AM**
**Secretary of State**

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005363

1. Entity Name
SURPLUS LIQUIDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1316 SAN MARCO BLVD.<br>JACKSONVILLE, FL 32207 US | 1316 SAN MARCO BLVD.<br>JACKSONVILLE, FL 32207 US |

DO NOT WRITE IN THIS SPACE

02282005 No 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

DO NOT WRITE 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 _____ DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | SAPINSKI, THOMAS A |
| STREET ADDRESS | 1105 VALE ORCHARD LANE |
| CITY ST ZIP | JACKSONVILLE, FL 32207 |
| TITLE | SECT |
| NAME | MICKLER, JAMES R |
| STREET ADDRESS | 2525 MICHAELSON WAY |
| CITY ST ZIP | JACKSONVILLE, FL 32223 |
| TITLE | TREA |
| NAME | MICKLER, JAMES R |
| STREET ADDRESS | 2525 MICHAELSON WAY |
| CITY ST ZIP | JACKSONVILLE, FL 32223 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

000003107B3
04/18/05-80015-023 150.00

DO NOT WRITE IN THIS SPACE

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:** J Mickler 4-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE