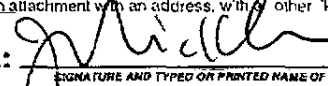


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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
DO NOT WRITE IN THIS SPACE		
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 suoms its 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 of the person authorized to change the information on this form.		
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		DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
NAME	MICKLER, JAMES R	
STREET ADDRESS	2525 MICHAELSON WAY	
CITY ST ZIP	JACKSONVILLE, FL 32223	
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
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)(c), 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 I 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 of this report, or on an attachment with an address, with any other name empowered.		DO NOT WRITE IN THIS SPACE
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



02282005 No Chg-P CR2E034 (10/03)

4. FCI Number 71-0928182

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required000000310763
04/18/05-80015-023 150.00DO NOT WRITE
IN THIS SPACE

4-13-05