

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90005 001 \*1,650.00

**DOCUMENT # P03000005363**

1. Entity Name  
**SURPLUS LIQUIDATION, INC.**



Principal Place of Business  
**4495-304 ROOSEVELT BLVD. #323  
JACKSONVILLE, FL 32210 US**

Mailing Address  
**4495-304 ROOSEVELT BLVD. #323  
JACKSONVILLE, FL 32210 US**

**66021579**



2. Principal Place of Business - No P.O. Box #  
**1316 San Marco Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1316 San Marco Blvd.**  
Suite, Apt. #, etc.

07232007 Chg-P CR2E034 (12/06)

City & State  
**Jacksonville, FL**  
Zip  
**32207**  
Country

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**Jacksonville, FL**  
Zip  
**32207**  
Country

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)

**Thomas Sapinski 7/23/07**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**Thomas Sapinski 7/23/07**

Date

Daytime Phone #

**904-389-5623**