

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 027 ***158.75

DOCUMENT # P03000154868

1. Entity Name

ORLANDO LIQUIDATORS, INC.



Principal Place of Business **1016 Savage Ct.** Mailing Address

~~1000 SAVAGE CT., STE. 1010~~
LONGWOOD FL 32750

~~1000 SAVAGE CT., STE. 1010~~ **Savage Ct.**
LONGWOOD FL 32750

J4U10662

2. Principal Place of Business

1016 Savage Ct

3. Mailing Address

1016 Savage Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

52-2436503

Applied For

Not Applicable

Zip **32750**

Country **USA**

Zip **32750**

Country **USA**

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOE, BRIAN R
3074 WEST LAKE MARY BLVD., STE. 136
LAKE MARY FL 32746

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME LORENZ, RICHARD
STREET ADDRESS 1166 AUTUMN BROOK CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE ☐ Delete
NAME VAN EPPS, GINA V
STREET ADDRESS 1435 N. ALABAMA AVE.
CITY-ST-ZIP DELAND FL 32724

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

TITLE ☐ Delete
NAME LORENZ, ERIC
STREET ADDRESS 1166 AUTUMN BROOK CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE ☒ Delete
NAME LAGHI, RACHEL
STREET ADDRESS 1100 ARAGON AVE.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

Gera VanEpps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 407-332-6206

Date

Daytime Phone #