

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 025 ***558.75

DOCUMENT # P03000154868

1. Entity Name
ORLANDO LIQUIDATORS, INC.



Principal Place of Business
**1016 SAUSAGE CT.
LONGWOOD, FL 32750**

Mailing Address
**1016 SAUSAGE CT.
LONGWOOD, FL 32750**

2. Principal Place of Business
1000 SAVAGE COURT

3. Mailing Address
1016 SAVAGE COURT



Suite, Apt. #, etc.
1016

Suite, Apt. #, etc.

07262005

Chg-P

CR2E034 (10/03)

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number
52-2436503

Applied For
Not Applicable

Zip
32750

Country
U.S.A.

Zip
32750

Country
U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Rich Lorenz Pres. 7/26/05 407-332-6206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #