

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000154868

1. Entity Name
ORLANDO LIQUIDATORS, INC.



Principal Place of Business
1000 SAVAGE COURT
1016
LONGWOOD, FL 32750

Mailing Address
1000 SAVAGE COURT
1016
LONGWOOD, FL 32750



02032006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2436503

Applied For
Not Applicable

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reissuing

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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02/18/06-80031-025 158.75

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

Date

Daytime Phone #

FEB 03 2006