


2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/24/2005-90054-026-\$150.00-\$150.00

DOCUMENT # P04000006850 1. Entity Name SURPLUS SALES OF LEE COUNTY INC.						FILED 05 OCT 10 PM 4:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1424 SE 17TH PLACE CAPE CORAL, FL 33990				Mailing Address 1424 SE 17TH PLACE CAPE CORAL, FL 33990			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MONCADA, MARTHA R 1424 SE 17TH PLACE CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 41-2123215			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MONCADA, MARTHA R 1424 SE 17TH PLACE CAPE CORAL, FL 33990				TITLE NAME STREET ADDRESS CITY-ST-ZIP 8/10/11			
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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: <i>x Martha Moncada</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
SIGNATURE: <i>x Martha Moncada</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>8/18/05</i> (235) 878-9295 <small>Daytime Phone #</small>			