

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015725

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** HOUSEHOLD LIQUIDATION SERVICES, INC.

**Current Principal Place of Business:**

3450 NW 60TH ST.,  
UNIT B  
OCALA, FL 34475 US

**New Principal Place of Business:**

3131 NE 202ND CT  
WILLISTON, FL 32696 US

**Current Mailing Address:**

3450 NW 60TH ST.,  
UNIT B  
OCALA, FL 34475 US

**New Mailing Address:**

12350 NE 54 ST  
WILLISTON, FL 32696

**FEI Number:** 20-4234533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBURGER, MIMI  
3450 NW 60TH ST.,  
UNIT C  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

DEBURGER, MIMI  
12350 NE 54 ST  
WILLISTON, FL 32696 US

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.

SIGNATURE:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: DEBURGER, MIMI  
Address: 12350 NE 54 ST  
City-St-Zip: WILLISTON, FL 32696 US

Title: D  
Name: DEBURGER, MIMI  
Address: 12350 NE 54 ST  
City-St-Zip: WILLISTON, FL 32696 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIMI DEBURGER

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date