

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000006170

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN FURNITURE LIQUIDATORS, INC.

**Current Principal Place of Business:**

203 HIGHWAY 98  
EASTPOINT, FL 32328 US

**New Principal Place of Business:**

117 US HIGHWAY 98  
EASTPOINT, FL 32328 US

**Current Mailing Address:**

POST OFFICE BOX 352  
EASTPOINT, FL 32328 US

**New Mailing Address:**

**FEI Number:** 26-4091613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONOD, TIFFANY  
203 HIGHWAY 98  
EASTPOINT, FL 32328 US

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

MONOD, TIFFANY  
117 US HIGHWAY 98  
EASTPOINT, FL 32328 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/03/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MONOD, TIFFANY  
Address: 117 US HIGHWAY 98  
City-St-Zip: EASTPOINT, FL 32328

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: TIFFANY MONOD

PST

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date