

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90038 035 \*\*\*150.00

<b>DOCUMENT # P93000006375</b> 1. Entity Name <b>SURPLUS SALES INVENTORY, INC.</b>																													
Principal Place of Business <b>739 MUSAGO RUN</b> <b>LAKE MARY, FL 32746 US</b>			Mailing Address <b>739 MUSAGO RUN</b> <b>LAKE MARY, FL 32746 US</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>59-3159006</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>WHITTEMORE, THOMAS G</b> <b>1702 IVERNESS CT</b> <b>LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name <b>WHITTEMORE, THOMAS G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>739 MUSAGO RUN</b> City <b>LAKE MARY</b> <b>FL</b> Zip Code <b>32746</b>																									
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 <u>Thomas G. Whittemore</u> <span style="float: right;">1/22/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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: <u>Thomas G. Whittemore</u> <span style="float: right;">1/22/04 407 322 2153</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													