

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000009765

1. Entity Name
CLIFF SHULER AUCTIONEERS & LIQUIDATORS, INC.



Principal Place of Business
**422 JULIA STREET
TITUSVILLE, FL 32796**

Mailing Address
**422 JULIA STREET
TITUSVILLE, FL 32796**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHULER, CLIFF
422 JULIA STREET
TITUSVILLE, FL 32796**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$1500
After May 1 2008 Fee will be \$3500**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULER, CLIFF 422 JULIA STREET TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULER, DEBRA 422 JULIA ST TITUSVILLE, FL
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02/27/08-80027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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**

2/12/08 321-267-8563
Date Daytime Phone #