

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087268

FILED
Apr 14, 2004
Secretary of State

Entity Name: HOTEL LIQUIDATOR GROUP INC.

Current Principal Place of Business:

18505 PAULSON DRIVE
UNIT E
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

1207 ENTERPRISE DR.
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

18505 PAULSON DRIVE
UNIT E
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

1207 ENTERPRISE DR.
PORT CHARLOTTE, FL 33953 US

FEI Number: 65-0624706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKERT, DALE
18505 PAULSON DRIVE
PORT CHARLOTTE, FL 33954

Name and Address of New Registered Agent:

RICKERT, DALE
1207 ENTERPRISE DR.
PORT CHARLOTTE, FL 33953

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: DALE RICKERT

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICKERT, DALE
Address: 2484 BALTIC AVE
City-St-Zip: PT CHARLOTTE, FL

Title: VP () Delete
Name: RICKERT, DENNY
Address: 679 SPRINGLAKE BLVD
City-St-Zip: PT CHARLOTTE, FL

Title: ST () Delete
Name: RICKERT, KRIS
Address: 679 SPRINGLAKE BLVD
City-St-Zip: PT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KRIS RICKERT

ST

04/14/2004

Electronic Signature of Signing Officer or Director

Date