

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2005 8:00 am
Secretary of State

06-17-2005 90002 002 ***550.00

DOCUMENT # P96000041419 1. Entry Name OFFICE LIQUIDATORS, INC.			
Principal Place of Business 251 FENWICK DR. #5 VENICE FL 34292		Mailing Address 251 FENWICK DR. #5 VENICE FL 34292	
2. Principal Place of Business 649 S. TAMiami TR Suite, Apt. #, etc. #104		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State VENICE		City & State	
Zip 34285	Country SARASOTA	Zip	Country
4. FEI Number 65-0662178		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 HOWE, DONALD S 251 FENWICK DR. #5 VENICE FL 34292		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME HOWE, DONALD S	<input type="checkbox"/> Delete	
STREET ADDRESS 251 FENWICK DR., #5	CITY-ST-ZIP VENICE FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME HOWE, LINDA R	<input type="checkbox"/> Delete	
STREET ADDRESS 1050 CAPRI ISLES BLVD, J-103	CITY-ST-ZIP VENICE FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Linda R. Howe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/10/05</u> Daytime Phone #: <u>941-484-8392</u>	