


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90047 015 ***150.00

DOCUMENT # P96000091922					
1. Entity Name ESTATE LIQUIDATORS INC.					
Principal Place of Business 2881 CLARK ROAD UNIT #1 SARASOTA, FL 34231			Mailing Address 2881 CLARK ROAD UNIT #1 SARASOTA, FL 34231		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0715230	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROCUANT, ALBERT 2881 CLARK ROAD UNIT #1 SARASOTA, FL 34231				Name <u>NANCY JDA ROCUANT</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>1672 NORA LANE</u>	
				City <u>NORTH PORT</u> FL Zip Code <u>34286</u>	
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>NANCY JDA ROCUANT</u> <u>NANCY JDA ROCUANT, PRES.</u> <u>2-14-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P ROCUANT, A 11830 DEMIRANDA AVE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY JDA ROCUANT 1672 NORA LANE NORTH PORT, FL. 34286	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCUANT, D 11830 DEMIRANDA AVE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NANCY JDA ROCUANT 1672 NORA LANE NORTH PORT, FL. 34286	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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>NANCY JDA ROCUANT</u> <u>NANCY JDA ROCUANT, PRES.</u> <u>2-14-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40019886



02142005 Chg-P CR2E034 (10/03)

\$8.75 Additional
Fee Required

Zip Code
34286

941-921-5933