

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000007677**

1. Entity Name  
**NATIONAL BUSINESS LIQUIDATORS, INC.**



Principal Place of Business  
**820 W WASHINGTON ST.  
ORLANDO, FL 32805**

Mailing Address  
**820 W WASHINGTON ST.  
ORLANDO, FL 32805**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3425056**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CASWELL, JOHN CRAIG  
506 PUERTA COURT  
ALTAMONTE SPRINGS, FL 32701**

**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	CASWELL, JOHN CRAIG
STREET ADDRESS	506 PUERTHA COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	T
NAME	CASWELL, JOHN CRAIG
STREET ADDRESS	506 PUERTA CT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369614  
06/16/05-80002-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

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 files empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.13.05 407-200-5040  
Date Daytime Phone