

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000083968

1. Entity Name  
THE LIQUIDATION STATION, INC.



Principal Place of Business  
349 N ORLANDO AVE  
WINTER PARK, FL 32789 US

Mailing Address  
11423 SATELLITE BOULEVARD  
ORLANDO, FL 32837

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3469888

Applied For  
Not Applicable

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

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

EOUSE, GEORGE A  
11423 SATELLITE BOULEVARD  
ORLANDO, FL 32837

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000124987  
04/22/04-80066-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME EOUSE, GEORGE A  
STREET ADDRESS 11423 SATELLITE BOULEVARD  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D  
NAME EOUSE, DOROTHY A  
STREET ADDRESS 11423 SATELLITE BOULEVARD  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 like empowered.

**SIGNATURE:**

*George A. Eouse* President 3/10/04 407-857-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #