


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 004 ***550.00

DOCUMENT # P98000006379 1. Entity Name CORPORATE LIQUIDATORS, INC.					
Principal Place of Business 5960 SEASIDE DR. NEW PORT RICHEY, FL 34652			Mailing Address 5960 SEASIDE DR. NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 13410 Wagner Drive Suite, Apt #, etc.		3. Mailing Address 13410 Wagner Drive Suite, Apt #, etc.			
City & State Hudson, FL		City & State Hudson, FL		4. FEI Number 59-3488148	
Zip 34667		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELCHER, WILLIAM D JR 5960 SEASIDE DR NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name Marsha Rux Street Address (P.O. Box Number is Not Acceptable) 13410 Wagner Drive City Hudson FL Zip Code 34667	
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>Marsha Rux</u> 6/30/06 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	VD BELCHER, WILLIAM D JR 5960 SEASIDE DR. NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	Marsha Rux 13410 Wagner Drive Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE VPSTD NAME STREET ADDRESS CITY - ST - ZIP	Bradley S. Belcher 2713 Ravendale Lane Holiday, FL 34691	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Marsha Rux</u> Marsha Rux, President 6/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					