

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000042939

1. Entity Name
NATIONWIDE LIQUIDATORS WAREHOUSES, INC.



Principal Place of Business
**1271 N. EGLIN PARKWAY
SHALIMAR, FL 32579**

Mailing Address
**1271 N. EGLIN PARKWAY
SHALIMAR, FL 32579**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3574002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GATES, HARRY W
1271 N. EGLIN PARKWAY
SHALIMAR, FL 32579**

**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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000517581
05/01/06-80049-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GATES, HARRY W
STREET ADDRESS	99 4TH AVENUE, #131
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	GATES, BARBARA M
STREET ADDRESS	99 4TH AVENUE, #131
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	GATES, CHARLES B
STREET ADDRESS	1 CALLE RIO
CITY-ST-ZIP	MARY ESTHER, FL 325692000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Harry W. Gates, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06
Date

850-651-1136
Daytime Phone #