2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# V22870

Entity Name: PAD LIQUIDATORS, INC.

Current Principal Place of Business:

5801 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

5801 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3111081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUSSALLEM, JAMES
5801 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HERRO, LINDA M
Address: 1011 ORIENTAL GARDENS ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete
Name: D'AMOUR, ROSEMARIE M
Address: 1415 NICHOLSON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV ( ) Delete
Name: MUSSALLEM, CHARLES S III
Address: 5801 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: DAS (X) Delete
Name: MUSSSALLEM, JAMES M
Address: 5801 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HERRO, LINDA M
Address: 5801 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: SECR (X) Change ( ) Addition
Name: D'AMOUR, ROSEMARIE M
Address: 1415 NICHOLSON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change ( ) Addition
Name: MUSSALLEM, JAMES M
Address: 5801 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. HERRO PRES 03/19/2009
Electronic Signature of Signing Officer or Director Date