


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90045 050 ***150.00

DOCUMENT # M76673			
1. Entity Name CLOSET TAMERS, INC.			
Principal Place of Business 1130 S NOVA RD ORMOND BEACH, FL 32174		Mailing Address % FERRANTE & ASSOCIATES 126 PROSPECT STREET CAMBRIDGE, MA 02139	
2. Principal Place of Business		3. Mailing Address <i>% Corporation Service Company</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1201 Hays Street</i>	
City & State		City & State <i>Tallahassee, FL</i>	
Zip	Country	Zip	Country
		<i>32301</i>	<i>US</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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, 2004 Fee will be \$550.00		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	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, STEVEN S	NAME	
STREET ADDRESS	5397 EGLINTON AVE. W. SUITE 108	STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CA m9c 5k6	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, PAUL W	NAME	
STREET ADDRESS	5397 EGLINTON AVE. WEST, SUITE 108	STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CA m9c 5k6	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DER BURGT, ANDREW -	NAME	Andrew Van der Burgt
STREET ADDRESS	1130 SOUTH NOVA ROAD	STREET ADDRESS	1130 South Nova Road
CITY-ST-ZIP	ORMOND BEACH, FL 37174	CITY-ST-ZIP	Ormond Beach, FL 37174
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	John B. Friedrichsen
STREET ADDRESS		STREET ADDRESS	1140 Bay Street, Suite 4000
CITY-ST-ZIP		CITY-ST-ZIP	Toronto, ON M5S 2B4
TITLE	<input type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Douglas G. Cooke
STREET ADDRESS		STREET ADDRESS	1140 Bay Street, Suite 4000
CITY-ST-ZIP		CITY-ST-ZIP	Toronto, ON M5S 2B4
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>PClements</i>		Date: <i>Mar 12/04</i> (416) 620-9933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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03092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0088621 Applied For Not Applicable

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