


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S29151**  
1. Entity Name  
**LARS' STORAGE CABINETS & CLOSET DESIGNS  
BROWARD, INC.**



Principal Place of Business      Mailing Address  
1753-B N POWERLINE RD      1753-B N POWERLINE RD  
POMPANO BEACH, FL 33069-1624      POMPANO BEACH, FL 33069-1624

**DO NOT WRITE IN THIS SPACE**



04282005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0255422**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SNYDER, ROBERTA J  
1733 N POWERLINE RD  
POMPANO BCH, FL 33069**

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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, name or printed name of registered agent and title if applicable. (NOTE: Notational Agent signature required when reinstating) DATE

**FILE NOW!!! FEZ IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD OLSEN, HANS G 2501 CALAMONDIN CIR COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OLSEN, KAREN M 2501 CALAMONDIN CIR COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BRANDT, KENNETH R 4648 ADDISON STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRANDT, ALLISON M 4648 ADDISON STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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05/02/05-80024-010 150.00

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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:  **Hans Olsen** 4/28/05 800/771-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Code Daytime Phone #