

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 FEB 27 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01052004 No Chg-P CR2E034 (10/03)

DOCUMENT # 520394

1. Entity Name  
J. CLOSSHEY, INC.



Principal Place of Business  
704 WEST BAY STREET  
TAMPA, FL 33606-2706 US

Mailing Address  
704 WEST BAY STREET  
TAMPA, FL 33606-2706 US

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1734667

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA, FL 33606-2706

**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 title if applicable.

(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. ☐

\$5.00 May Be Added to Fees  
300029963843  
03/05/04--01067--009 \*\*150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPC  
CLOSSHEY, JENNIFER  
2111 N GOLFVIEW DRIVE  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CLOSSHEY, CHARLES P  
2111 N GOLFVIEW DRIVE  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPM  
CLOSSHEY, CHARLEENE N  
2111 COLFVIEW DR N.  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~WOLFSON, BARRY J~~  
~~988 BLVD OF THE ARTS #1711~~  
~~SARASOTA, FL 34236~~

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jennifer EClosshey* 2/30/03