

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L54341**

1. Entity Name  
**CAREFREE CLOSETS, INC.**



Principal Place of Business  
**2804 DRANE FIELD ROAD  
LAKELAND, FL 33811**

Mailing Address  
**2804 DRANE FIELD ROAD  
LAKELAND, FL 33811**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0176968**

Applied For  
**Not Applicable**

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

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

**KENYON, MERLE, S  
521 NESLO LANE  
LAKELAND, FL 33813**

**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**

000000115787  
04/16/04-80038-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	VT
NAME	KENYON, MERLE S.
STREET ADDRESS	521 NESLO LANE
CITY - ST - ZIP	LAKELAND, FL
TITLE	PS
NAME	EDWARDS, JOEL T.
STREET ADDRESS	218 WEST HIGHLAND DR
CITY - ST - ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 #

**4-12-04 (863)644-8878**