


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 050 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # M66769 1. Entity Name SOUTHERN CLOSET SYSTEMS, INC. | | | |  | |
| Principal Place of Business 435 DOUGLAS ROAD OLDSMAR, FL 34677 | | | Mailing Address 435 DOUGLAS ROAD OLDSMAR, FL 34677 | | |
| 2. Principal Place of Business 13211 Byrd Drive Suite, Apt. #, etc. | | | 3. Mailing Address 13211 Byrd Drive Suite, Apt. #, etc. | | |
| City & State Odessa Zip FL. Country 33556 | | | City & State Odessa Zip FL. Country 33556 | | |
| 4. FEI Number 59-2872112 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 01242005 Chg-P CR2E034 (10/03) | | |
| 6. Name and Address of Current Registered Agent SMITH, WAYNE A. 435 DOUGLAS ROAD OLDSMAR, FL 34677 | | | 7. Name and Address of New Registered Agent Name Wayne A. Smith Street Address (P.O. Box Number is Not Acceptable) 13211 Byrd Drive City Odessa FL Zip Code 33556 | | |
| 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 Wayne A. Smith (NOTE: Registered Agent signature required when reinstating) DATE 2-1-05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SMITH, WAYNE A. 338 WESTWINDS CIRCLE PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SMITH, JOANN E 338 WESTWINDS CIRCLE PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 1-31-05 (813) 855-2250 Daytime Phone # | | |

50010199



ATTACHMENT

M66769
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 25, 2005

SOUTHERN CLOSET SYSTEMS, INC.
435 DOUGLAS ROAD
OLDSMAR, FL 34677

SUBJECT: SOUTHERN CLOSET SYSTEMS, INC.
Ref. Number: M66769

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 805A00004895