2005 FOR PROFIT CORPORATION ANNUAL REPORT

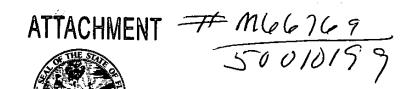
FILED

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 Mailing Address 435 DOUGLAS ROAD 435 DOUGLAS ROAD 50010199 OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Brive 13211 Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Cha-P CR2E034 (10/03) City & Ştate City & State 4, FEI Number Applied For ndessa ndessa 59-2872112 Not Applicable Country 3557 \$8.75 Additional 5. Certificate of Status Desired FL Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, WAYNE'A Address (P.O. Box Number is Not A 435 DOUGLAS ROAD OLDSMAR, FL 34677 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 2-1.05 SIGNATURE ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Change ☐ Addition NAME SMITH, WAYNE A. NAME STREET ADDRESS 338 WESTWINDS CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME SMITH, JOANN E NAME STREET ADDRESS 338 WESTWINDS CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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: _



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 intorder 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