


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000032891 1. Entity Name CLOSTER CORPORATION		
Principal Place of Business 3851 BELLEWATER BLVD. RIVERVIEW, FL 33569	Mailing Address 3851 BELLEWATER BLVD. RIVERVIEW, FL 33569	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLOSTER, MICHAEL 3851 BELLEWATER BLVD. RIVERVIEW, FL 33569		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOSTER, MICHAEL 3851 BELLEWATER BLVD. RIVERVIEW, FL 33569	
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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: <u>Michael A. Closter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/04</u> <small>Date</small> <u>727-573-9441</u> <small>Daytime Phone #</small>



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0414652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000154920
05/05/04-80016-010 150.00

**DO NOT WRITE
IN THIS SPACE**