

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

03-13-2008 90034 014 ***138.75
04-14-2008 90069 031 ****11.25

DOCUMENT # P02000081387	
1. Entity Name AFFORDABLE CLOSET ALTERNATIVES, INC.	

Principal Place of Business 4489 -2 ASHVILLE HIGHWAY MONTICELLO, FL 32344	Mailing Address 4489 -2 ASHVILLE HIGHWAY MONTICELLO, FL 32344
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40069044



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2375367	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WARD, TERESA C
4489 ASHVILLE HIGHWAY
MONTICELLO, FL 32344**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, KEITH M 4489 ASHVILLE HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, TIMOTHY R 4489 ASHVILLE HWY MONTICELLO, FL 32344
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **3/12/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #