

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90180 016 ***150.00

DOCUMENT # P03000004764

1. Entity Name
CLOSET.TEC INC.



Principal Place of Business
5691 DEREK AVE
SARASOTA, FL 34233

Mailing Address
5691 DEREK AVE
SARASOTA, FL 34233

50035985



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1991876

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, WALLACE E
432 TREMINGHAM WAY
VENICE, FL 34293

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | SMITH, WALLACE E |
| STREET ADDRESS | 432 TREMINGHAM WAY |
| CITY-ST-ZIP | VENICE, FL 34233 |
| TITLE | VS |
| NAME | SMITH, JANE A |
| STREET ADDRESS | 432 TREMINGHAM WAY |
| CITY-ST-ZIP | VENICE, FL 34233 |
| TITLE | V |
| NAME | UNTHANK, JEFF U |
| STREET ADDRESS | 4680 THREE OAKS BLVD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | V |
| NAME | UNTHANK, TERRIE S |
| STREET ADDRESS | 4680 THREE OAKS BLVD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| 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:

Jane A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane A. Smith

Date

Daytime Phone #

941
923-4563