

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1991876

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2007 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, TERRIE S
STREET ADDRESS	4680 THREE OAKS BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	MARCHAND, JAMES
STREET ADDRESS	4245 MOCHA AVE
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80038-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07x

Date

Daytime Phone #

941 9234563