2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000010910

Entity Name: LIBERTY CLOSETS, INC.

Current Principal Place of Business:

P O BOX 5185
LAKELAND, FL 33807

New Principal Place of Business:

Current Mailing Address:

P O BOX 5185
LAKELAND, FL 33807

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRISON, MARK
14041 HAPPY HILL RD
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

GOULD, GRAHAM
2200 EAST EDGEWOOD DR.
#10
LAKELAND, FL 33803 US

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.

SIGNATURE: GRAHAM GOULD 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLER, GARY
Address: 220 ESTADO WAY, N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VD (X) Delete
Name: FORD, LARRY
Address: 500 SEMINOLE BLVD.
City-St-Zip: LARGO, FL 33770

Title: VD (X) Delete
Name: HARRISON, MARK
Address: 14041 HAPPY HILL RD.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: GOULD, GRAHAM
Address: 2200 E. EDGEWOOD DRIVE #10
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAHAM GOULD PDST 04/29/2004
Electronic Signature of Signing Officer or Director Date