

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053495

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: LIBERTY CLOSET SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

5151 113TH AVE. NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

5151 113TH AVE. NORTH  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 03-0516649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLER, GARY CEO  
220 ESTADO WAY NE  
ST PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KELLER, GARY  
Address: 220 ESTADO WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: KELLER, BRETT  
Address: 220 ESTADO WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: GARY KELLER

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date