

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90008 018 \*\*\*150.00

**DOCUMENT # P03000070427**

1. Entity Name

TOP DRAWER CUSTOM CLOSETS INC.



Principal Place of Business

5613 NATURE LANE  
TALLAHASSEE FL 32303

Mailing Address

5613 NATURE LANE  
TALLAHASSEE FL 32303

J4U00J0J



MOORE CR2E034 (11/03)

2. Principal Place of Business

1471-2 Capital Cir.

3. Mailing Address

Suite, Apt. #, etc.

N.W.

Suite, Apt. #, etc.

City & State

Tallahassee FL.

City & State

Zip

32303

Country U.S.A.

Leon

Zip

Country

4. FEI Number

04-3764645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALEY, ROY W  
5613 NATURE LANE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALEY, ROY W	
STREET ADDRESS	5613 NATURE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALEY, ROBLEY W	
STREET ADDRESS	5608 MOSSY TOP WAY	
CITY-ST-ZIP	TALLAHASSEE FL 30303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALEY, IRENE W	
STREET ADDRESS	5608 MOSSY TOP WAY	
CITY-ST-ZIP	TALLAHASSEE FL 30303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Roy W. Haley Roy W. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412-04

Date

850 562-3311

Daytime Phone #