2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000136853

1. Entity Name
PONTE VEDRA CLOSETS, INC.

Principal Place of Business	Mailing Address
7917 MOUNT RAINER DR JACKSONVILLE, FL 32256	P O BOX 2382 PONTE VEDRA, FL 32004

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0419512	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOFFIN, ROBERT J
7917 MOUNT RAINER DR
JACKSONVILLE, FL 32256

**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	U00000605491 01/30/07-80037-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOFFIN, ROBERT J
STREET ADDRESS	7917 MOUNT RAINER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	ST
NAME	GOFFIN, LYNNE M
STREET ADDRESS	7917 MOUNT RAINER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ ROBERT T. GOFFIN 1/20/07 904273169/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #