

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90058 030 \*\*\*150.00

**DOCUMENT # P04000105727**

1. Entity Name  
**CLOSET CITY, INC.**



Principal Place of Business  
**7325 35TH COURT  
VERO BEACH, FL 32967**

Mailing Address  
**7325 35TH COURT  
VERO BEACH, FL 32967**

2. Principal Place of Business

**5575 US Hwy 1**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 1**

City & State

**VERO BEACH**

City & State

Zip

Country

**INDIAN RIVER**

Zip

Country

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1698517**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEGG, ROBERT L  
1428 21ST STREET  
VERO BEACH, FL 32960**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SCOTT OETTING Pres.  
7325 35 COURT  
VERO BEACH FL.**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DIRECTOR  
LOUIS ICARR JR  
280 LOCNA DRIVE, JUPITER, FL 33458**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DIRECTOR  
RONALD RORRANOSKI  
3805 INDIAN RIVER DR, EAST  
VERO BEACH FL 32963**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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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:

**Pres**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/05**  
Date

Daytime Phone #