2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105727

1. Entity Name
CLOSET CITY, INC.

Principal Place of Business	Mailing Address
5575 US HWY 1 STE 1 VERO BEACH, FL 32967	7325 35TH COURT – VERO BEACH, FL 32967

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OETTING, SCOTT
STREET ADDRESS	7325 35 COURT
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	CARR, LOUIS J JR
STREET ADDRESS	280 LOCNA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	RORRANOSKI, RONALD
STREET ADDRESS	3805 INDIAN RIVER DR EAST
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ S W OETTING PRES.   2/21/06   772-778-1110

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