2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State
07-17-2006 90143 033 ***150.00

DOCUMENT # P05000012479

1. Entity Name
ANTHONY'S CUSTOM CLOSETS OF FLORIDA INC.

Principal Place of Business	Mailing Address
1750 COSTA DEL SOL BOCA RATON, FL 33432	1750 COSTA DEL SOL BOCA RATON, FL 33432

400...

07102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
125 NW 13 ST/UNIT #5		22 OLD DOCK ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON, FL		City & State: YAPHANK, NY	
Zip: 33432	Country: PALM BEACH	Zip: 11980	Country: SUFFOLK

4. FEI Number: 20-2221453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERGOLA, ANTHONY
1750 COSTA DEL SOL
BOCA RATON, FL 33432

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERGOLA, ANTHONY 22 OLD DOCKS ROAD YAPHANK ON, NY 11980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Anthony Pergola 7/10/06 631-924-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #