

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 1750 COSTA DEL SOL BOCA RATON, FL 33432	Mailing Address 1750 COSTA DEL SOL BOCA RATON, FL 33432
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2. Principal Place of Business 125 NW 13 ST / UNIT #5 Suite, Apt. #, etc.	3. Mailing Address 22 OLD DOCK ROAD Suite, Apt. #, etc.
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City & State BOCA RATON, FL Zip 33432 Country PALMBACH	City & State YAPHANK, NY Zip 11980 Country SUFFOLK
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07102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2221453	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fec Required
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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
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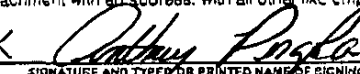
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent, and file if applicable.	(NOTE: Registered Agent signature required when resigning)	DATE _____
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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.
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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, NY 11980 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 	Date 7/10/06	Daytime Phone # 631-924-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		