


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 027 ***150.00

DOCUMENT # P05000059231					
1. Entity Name MODERN CLOSETS, INC.					
Principal Place of Business 1301 S. PATRICK DRIVE 60 SATELLITE BEACH, FL 32937 US			Mailing Address 1301 S. PATRICK DRIVE 60 SATELLITE BEACH, FL 32937 US		
2. Principal Place of Business - No P.O. Box # 970 N. U.S. 1		3. Mailing Address 970 N U.S. 1			
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5			
City & State COCOA FL		City & State COCOA FL			
Zip 32922		Country BREVARD		Zip 32922	
Country BREVARD		Country BREVARD			
4. FEI Number 20-2748914			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEMOINE, NORMAN 2210 GRAND TETON BLVD MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name: Kelly L Hopkins Street Address (P.O. Box Number is Not Acceptable): 970 N. U.S. 1 Suite 5 City: COCOA FL Zip Code: 32922		
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: <u>Kelly L Hopkins President</u> <u>Kelly L Hopkins</u> <u>4/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEMOINE, NORMAN 2210 GRAND TETON BLVD MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kelly L Hopkins 970 N U.S. 1 Suite 5 COCOA FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Kelly L Hopkins President</u> <u>Kelly L Hopkins</u> <u>4/14/07</u> <u>321543 7815</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					