

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90023 037 ***158.75

DOCUMENT # P05000158706 1. Entity Name CLOSEOUT CONCEPTS, INC.					
Principal Place of Business 13857 WELLINGTON TRACE - STE D3 WELLINGTON, FL 33414			Mailing Address 13857 WELLINGTON TRACE - STE D3 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 1680 CORSICA DR #18		3. Mailing Address Same			
Suite, Apt. #, etc. #18		Suite, Apt. #, etc.			
City & State WELLINGTON FL		City & State FL		4. FEI Number 20-4057297	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSGROVE, CHARLES W ESQ 2328 S CONGRESS AVE STE 1-D W PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name: 1680 CORSICA DR Street Address (P.O. Box Number is Not Acceptable) City: WELLINGTON FL 33414		
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:   DATE: 8-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	PRE DE LA MER, AMI P SIR 13858 WELLINGTON TRACE D3 WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 CORSICA DR X WELLINGTON FL 33414	
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	
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: 			DATE: 8-20-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40130007

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Closeout Concepts, Inc

1680 Corsica Drive

Wellington Florida 33414

800-279-9016

Document # **P05000158706**

8/20/2007

Please be advised that we had lost our business location on November 29 2006.

We have not receive any documents regarding the renewal of this corporation.

I am requesting a waiver of the \$ 400.00 penalty, and including a check in the amount of \$158.75, which also includes the \$ 8.75 for the Certificate of statues.

I thank you for understanding

Ami De La Mer President.

