

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043296

Entity Name: P CLOSETS, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

2903 DUSA DR #B
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

2903 DUSA DR #B
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 75-3237593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLANTONI, JOHN
2903 DUSA DR #B
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLANTONI, JOHN
Address: 678 BROCKTON WAY
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: COLANTONI, SUE
Address: 678 BROCKTON WAY
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: COLANTONI, CHAD
Address: 2259 FLOWER TREE CIR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: COLANTONI, JOHN
Address: 678 BROCKTON WAY
City-St-Zip: MELBOURNE, FL 32904

Title: DS (X) Change () Addition
Name: COLANTONI, SUE
Address: 678 BROCKTON WAY
City-St-Zip: MELBOURNE, FL 32904

Title: DVP (X) Change () Addition
Name: COLANTONI, CHAD
Address: 2259 FLOWER TREE CIR
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COLANTONI

_____ Electronic Signature of Signing Officer or Director

DPT

04/09/2008

_____ Date