

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 20, 2008 8:00 am
Secretary of State

05-29-2008 90199 028 ***150.00

DOCUMENT # P07000083413 1. Entity Name CUSTOM CLOSET SOLUTIONS, INC.					
Principal Place of Business 8736 SE ALABAMA PLACE HOBE SOUND, FL 33455			Mailing Address 8736 SE ALABAMA PLACE HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0609359	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYLORD, MARC R ESQ 11700 SE OLD DIXIE HWY HOBE SOUND, FL 33455				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 _____ <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 \$150.00 After May 1, 2008 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	D CRAMER, JOSEPH 8736 SE ALABAMA PLACE HOBE SOUND, FL 33455 <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	D CRAMER, RACHEL 8736 SE ALABAMA PLACE HOBE SOUND, FL 33455 <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: <i>Rachel Cramer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/1/08 Daytime Phone #: 772-343-4178		

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04302008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0609359** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAYLORD, MARC R ESQ
11700 SE OLD DIXIE HWY
HOBE SOUND, FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE: *Rachel Cramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/1/08** Daytime Phone #: **772-343-4178**