

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 021 \*\*\*158.75

DOCUMENT # P07000126494

1. Entity Name  
SPECIALTY CLOSET SYSTEMS, INC.



Principal Place of Business  
2806 HARRISON AVE  
ORLANDO, FL 32804

Mailing Address  
P.O BOX 547696  
ORLANDO, FL 32854



2. Principal Place of Business - No P.O. Box #

301 E. Pine st.

3. Mailing Address

301 E. Pine st.

Suite, Apt. #, etc.

Suite # 150

Suite, Apt. #, etc.

Suite 150

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

US

Zip

32801

Country

US

03052008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-1493429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, CHELSIE J  
300 SOUTH ORANGE AVE.  
SUITE 1300  
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FLYNN, JARRID R ☐ Delete  
STREET ADDRESS 2806 HARRISON AVE  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE VP  
NAME FLYNN, CHRISTOPHER E ☒ Delete  
STREET ADDRESS 135 N. CLINTON AVE  
CITY-ST-ZIP PATCHOGUE, NY 11772

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

407.222.0829

Daytime Phone #