

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90018 034 \*\*\*150.00

**DOCUMENT # P15914**

1. Entity Name

LEWIS & THOS. SALTZ CLOTHIERS, INC.



Principal Place of Business

263 SEABOARD LANE  
FRANKLIN TN 37067  
US

Mailing Address

263 SEABOARD LN  
FRANKLIN TN 37067  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
52-1096398

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRUBAKER, JIM	
STREET ADDRESS	581 CT LANDT ST	
CITY-STATE-ZIP	PERTH AMBOY NJ 08861	
TITLE	S	<input type="checkbox"/> Delete
NAME	SALYER, WALTER	
STREET ADDRESS	263 SEABOARD LANE	
CITY-STATE-ZIP	FRANKLIN TN 37067	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASALENA, SERGIO	
STREET ADDRESS	411 N CRANDERRY RD	
CITY-STATE-ZIP	WESTMINSTER MD 21157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES P	
STREET ADDRESS	263 SEABOARD LANE	
CITY-STATE-ZIP	FRANKLIN TN 37067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brubaker, Jim	
STREET ADDRESS	581 Cortlandt St.	
CITY-STATE-ZIP	Perth Amboy, NJ 08861	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Casalena, Sergio	
STREET ADDRESS	411 N. Cranberry Rd.	
CITY-STATE-ZIP	Westminster, MD 21157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Walter L. Salyer 4-3-08

(615)771-1122

Date

Daytime Phone #