

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90044 020 \*\*\*158.75

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000049753

1. Corporation Name  
CLOSET HELPER, INC.



Principal Place of Business

~~2410 SUCCESS DRIVE~~  
ODESSA FL 33556

Mailing Address

~~8067 FRANKO COURT~~  
PORT RICHEY FL 34668  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

59-3192546

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 8067 Franko Ct.

2a. Mailing Address

26 P.O. Box 117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port Richey, FL

City & State

28 New Port Richey, FL

Zip

24 34668

Country

25 USA

Zip

29 34650

Country

30 USA

9. Name and Address of Current Registered Agent

VIDA DAWN M  
8067 FRANKO COURT  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

VIDA, JOAN C.

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

8067 Franko Ct

83

Port Richey,

84 City

FL

85 Zip Code

34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joan C. Vida Joan C. Vida Dir.

4-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME VIDA, DAWN M  
STREET ADDRESS 8067 FRANKO COURT  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME VIDA, JOAN C  
1.3 STREET ADDRESS 8067 Franko Ct  
1.4 CITY-ST-ZIP Port Richey, FL 34668

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan C. Vida Joan C. Vida

Date

Daytime Phone #

CR2E034 (11/98)