

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000049753

1. Entity Name  
CLOSET HELPER, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 18 AM 9:38

Principal Place of Business  
8067 FRANKO CT  
PORT RICHEY, FL 34668

Mailing Address  
PO BOX 117  
NEW PORT RICHEY, FL 34656 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

10162007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3192546

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

VIDA, JOAN C  
8067 FRANKO CT  
PORT RICHEY, FL 34668

Name  
VIDA, DAWN

Street Address (P.O. Box Number is Not Acceptable)  
8067 Franko Ct.

Port Richey

City

Port Richey

FL

Zip Code  
34668

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

*Dawn Vida*

Dawn Vida

10/17/2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
VIDA, JOAN C  
80687 FRANKO CT  
PORT RICHEY, FL 34668 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President/Vice President ☒ Change ☐ Addition  
VIDA, Dawn Director  
4807 Weasel Dr.  
New Port Richey, FL 34653

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary/Treasurer ☒ Change ☐ Addition  
VIDA, WILLIAM J.  
23750 Estero Ct.  
Land O' Lakes, FL 34639

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800111494598  
10/30/07--01031--021 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800111494598  
10/30/07--01031--022 \*\*\$8.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
B 10/22/07

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:

*Dawn Vida*

Dawn Vida

10/17/07

727-842-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #