## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED Mar 08, 2006 08:00 AM Secretary of State

**DOCUMENT # P96000016406** 1. Entity Name CLOSE OUTS PLUS, INC.



Principal Place of Business

Mailing Address

1418 W. LAKE PARKER DR. LAKELAND, FL 33805

1418 W. LAKE PARKER DR. LAKELAND, FL 33805



CR2E034 (11/05)

Fee Required

	DO	NOT	WRITE	IN	THIS	SPACE
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4. FEI Number	 Applied For
59-3365790	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

8. Name and Address of Current Registered Agent

HELGET, JIMM 1418 W. LAKE PARK DR. LAKELAND, FL 33805

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

03022006

	named entity submits this statement for the pri lons of registered agent.	urpose of changing its registered affi	ce or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and bits if	spplicable (NOTE: Registered Agent	signature required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 9. Election Campaign Finance After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
INILE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HELGET, JIMM 1418 W. LAKE PARKER DR. LAKELAND, FL 33805			
TITLE NAME STREET ADDRESS CITY-S1-ZIP				000000460487 03/20/06-80011-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITCE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS G(TY-ST-ZIP		·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
12. I hereby of indicated of the concentration	perify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exemption accurate and that my signature shot overcute this report as required by other like empowered.	ns contained in Chapter 11 all have the same legal effe Chapter 607, Florida Statut	<ol> <li>Florida Statures. I further certify that the information of as if made under cath; that I am an officer or director les; and that my name appears in Block 10 or Block 11 if</li> </ol>