

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P96000026483**1. Entity Name
REGAL CLOSET INTERIORS, INC.Principal Place of Business
103 EAST PALMETTO PARK RD
BOCA RATON, FL 33432-4818 USMailing Address
103 EAST PALMETTO PARK RD
BOCA RATON, FL 33432-4818 US**FILED**
Aug 04, 2008 08:00 AM
Secretary of State

07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0658177
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**CARR, PATRICIA
103 EAST PALMETTO PARK RD
BOCA RATON, FL 33432**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

U00000957031
08/04/08-80006-012 150.00**FILE NOW!!! FEE IS \$150.00**
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**TITLE PD
NAME CARR, PATRICIA
STREET ADDRESS 103 EAST PALMETTO PARK RD
CITY-ST-ZIP BOCA RATON, FL 33432TITLE D
NAME THUN, LEONARD
STREET ADDRESS 4791 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON, FLTITLE SD
NAME HICKS, PAUL
STREET ADDRESS 8600 N.W. S RIVER DR., STE. 159
CITY-ST-ZIP MIAMI, FLTITLE TD
NAME SWEENEY, ROBERT
STREET ADDRESS 8600 N.W. S RIVER DR., STE. 159
CITY-ST-ZIP MIAMI, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia J. Carr Patricia J. Carr 7/29/08 (561) 338-3250