

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046359

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** CLOSET CLASSICS OF EMERALD COAST, INC.

**Current Principal Place of Business:**

132 MARKET STREET  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

132 MARKET STREET  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 65-0756226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUBER, GARETT T  
93 MAGNOLIA CREEK ROAD  
SANTA ROSA BEACH, FL 32454 US

**Name and Address of New Registered Agent:**

HUBER, GARETT T  
101 MANTERO WAY  
DESTIN, FL 32541 US

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.

**SIGNATURE:** GARETT T. HUBER

01/07/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** HUBER, GARRETT  
**Address:** 93 MAGNOLIA CREEK RD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**Title:** S ( ) Delete  
**Name:** HUBER, CARYL P  
**Address:** 323 FAIRWAY DR  
**City-St-Zip:** NEW ORLEANS, LA 70124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** S (X) Change ( ) Addition  
**Name:** HUBER, CARYL P  
**Address:** 323 FAIRWAY DR  
**City-St-Zip:** NEW ORLEANS, LA 70124

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GARETT T. HUBER

PRES

01/07/2004

Electronic Signature of Signing Officer or Director

Date