

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P97000099663

1. Entity Name
EXTRA CLOSET LEESBURG, INC.



Principal Place of Business
**6327 EDGEWATER DR
ORLANDO, FL 32810**

Mailing Address
**6327 EDGEWATER DRIVE
ORLANDO, FL 32810**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARC M. SMITH
6327 EDGEWATER DR
ORLANDO, FL 32810**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SHADER, RONALD J
STREET ADDRESS	6327 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	V
NAME	SHADER, STANLEY J
STREET ADDRESS	6327 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	P
NAME	SMITH, MARC M
STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	ST
NAME	SMITH, LAURIE S
STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80099-019 150.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

Daytime Phone #