

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007803

Entity Name: CLOSETMASTER, INC.

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

7050 EDGEWATER DRIVE
STE F
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

7050 EDGEWATER DRIVE
STE F
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3490864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WAYNE
7050 EDGEWATER DRIVE
STE F
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARK, WAYNE
Address: 7050 EDGEWATER DRIVE, STE F
City-St-Zip: ORLANDO, FL 32810

Title: CFDS () Delete
Name: BRADY, MARSHALL
Address: 7050 EDGEWATER DRIVE, STE F
City-St-Zip: ORLANDO, FL 32810

Title: VPD () Delete
Name: CLARK, CECELIA
Address: 7050 EDGEWATER DR., STE F
City-St-Zip: ORLANDO, FL 32810

Title: VP () Delete
Name: RODRIGUEZ, EDDIE
Address: 7050 EDGEWATER DR., STE F
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARSHALL BRADY

CFO

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date