

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P98000024289**1. Entry Name
CLOSET WORLD, INC.Principal Place of Business
**3430 SW 15TH COURT
FT LAUDERDALE, FL 33312**Mailing Address
**3430 SW 15TH COURT
FT LAUDERDALE, FL 33312****FILED**
Sep 05, 2008 08:00 AM
Secretary of StateU00000959168
09/05/08-80006-015 150.00

09022008 No Chg-P CR2EC34 (11/08)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0851383Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANDERS, CHARLES
3430 SW 15TH COURT
FT LAUDERDALE, FL 33312****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, name or printed name of the agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDERS, DAVID
3430 SW 15TH COURT
FT LAUDERDALE, FL 33312**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDERS, ROBERT CHARLES SR
3430 SW 15TH COURT
FT LAUDERDALE, FL 33312**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDERS, MARK
3430 SW 15TH COURT
FT LAUDERDALE, FL 33312**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KINGSLEY, TERRI
3430 SW 15TH COURT
FT LAUDERDALE, FL 33312**TITLE
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #