

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90042 031 ***150.00

DOCUMENT # P99000015617

1. Entity Name
DESIGNER CLOSETS, INC.



Principal Place of Business
**1410 RAIL HEAD BLVD
NAPLES, FL 34110**

Mailing Address
**C/O ROBERT D. ROYSTON, JR.
PO DRAWER 60205
FORT MYERS, FL 33906**

54003320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0894984

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WARNER, ROBERT M SR	
STREET ADDRESS	16703 WATERS EDGE COURT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	METER, KARL J	
STREET ADDRESS	11058 LAKELAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEESIG, NANCY J	
STREET ADDRESS	28201 PINE HAVEN WAY, 150	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	12075 Hidden Links	
STREET ADDRESS	Fort Myers, FL 33913	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. M. Warner Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

234-596-8700

Date

Daytime Phone #