


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 041 ***150.00

| | |
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| DOCUMENT # P99000076730 |  |
| 1. Entity Name A MASTER CLOSET DESIGNS, INC. | |

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|---|---|
| Principal Place of Business 3377 SW 42ND AVE STE C PALM CITY FL 34990 | Mailing Address 3377 SW 42ND AVE STE C PALM CITY FL 34990 |
|---|---|

94011860



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|---|---|
| 2. Principal Place of Business 7917 SW Jack James Dr. | 3. Mailing Address 7917 SW Jack James Dr. |
| Suite, Apt. #, etc. #2 | Suite, Apt. #, etc. #2 |

MOORE CR2E034 (11/03)

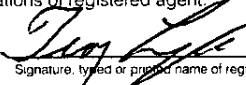
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|------------------------------------|------------------------------------|
| City & State Stuart, fl. | City & State Stuart, fl. |
| Zip 34997 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 22-3673032 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent LURGIO, TROY R 3377 SW 42ND AVENUE STE C PALM CITY FL 34990 | |
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|--|----------------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 7917 SW Jack James Dr. #2 |
| City | Stuart |
| FL | FL |
| Zip Code | 34997 |

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| 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  | Troy Lurgio, President |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) |
| | DATE 2-2-04 |

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LURGIO, TROY B 405 SW SAINT LUCIE ST STUART FL 34997 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LURGIO, AMANDA 405 SW ST LUCIE STREET STUART FL 34997 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-2-04 (772) 781-7357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #