

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000087470

1. Entity Name
MADAME'S CLOSET, INC.



Principal Place of Business
**7840 WOBURN ST.
NEW PORT RICHEY, FL 34653**

Mailing Address
**7840 WOBURN ST.
NEW PORT RICHEY, FL 34653**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3603362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGUE, KATHERINE
7840 WOBURN ST.
NEW PORT RICHEY, FL 34653**

**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 reappointing)

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**

U00000058924
02/20/04-80060-013 150.00

10. OFFICERS AND DIRECTORS

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOGUE, KATHERINE
7840 WOBURN ST
NEW PORT RICHEY, FL 34653**

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LOGUE, NEALE
7840 WOBURN ST
NEW PORT RICHEY, FL 34653**

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KATHERINE LOGUE 2/17/04 727-375-8911