

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047600 1. Entity Name THE CELEBRATION SOURCE INC	
---	---

Principal Place of Business 859 TYLER STREET HOLLYWOOD, FL 33019	Mailing Address 859 TYLER STREET HOLLYWOOD, FL 33019
--	--

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-1082810	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPI, DAVID 859 TYLER STREET HOLLYWOOD, FL 33019	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: _____ (NOTE: Registered Agent signature required when reinstating)

Signature: Typed or printed name of registered agent and title if applicable 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPI, MICHAEL 859 TYLER ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPI, PAUL 859 TYLER ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAMPI, JULIE 859 TYLER ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMPI, JOSEPH 859 TYLER ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000150539
05/04/04-80010-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Julie Campi Julie Campi 4/30/04 (954)922-3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DIST. TO PHONE #