## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000145965** 

1. Entity Name

**CELTIC ENGINEERING INC** 



FILED Feb 28, 2007 08:00 AM Secretary of State

Fee Required

407-445-1109

Principal Place of Business

Mailing Address

2328 WARREN WOODS DR ORLANDO, FL 32835 2328 WARREN WOODS DR ORLANDO, FL 32835



DO NOT WRITE IN THIS SPACE

| 02222007 No Chg-P                |  | CR2E034 (11/05)   |           |        |  |
|----------------------------------|--|-------------------|-----------|--------|--|
| 4. FEI Number<br>20-3915039      |  |                   | Applied I | or     |  |
|                                  |  |                   | Not Appl  | icable |  |
| 5. Certificate of Status Desired |  | \$8.75 Additional |           |        |  |

6. Name and Address of Current Registered Agent

WALL, JEREMY H 2328 WARREN WOODS DR ORLANDO, FL 32835

**SIGNATURE:** 

## 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  |   |      |                                |   |            |  |  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |   | cing | \$5.00 May Be<br>Added to Fees | 000000651090<br>03/08/07-80039-009 150.00 |            |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |      |                                |   |            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>WALL, JEREMY H<br>2328 WARREN WOODS DRIVE<br>ORLANDO, FL 32835 |      |                                |   |            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                |   |            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                | DO  | NOT WRITE  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                | iN  | THIS SPACE |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                |   |            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |                                |   |            |  |  |  |
| 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. |   |      |                                |   |            |  |  |  |

H. WALL