


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 040 ***150.00

DOCUMENT # P05000145965

1. Entity Name
CELTIC ENGINEERING INC



Principal Place of Business
**2328 WARREN WOODS DR
 ORLANDO, FL 32835**

Mailing Address
**2328 WARREN WOODS DR
 ORLANDO, FL 32835**



2. Principal Place of Business - No P.O. Box #
13118 Bellaria Circle

3. Mailing Address
same as #2

02082008 Chg-P CR2E034 (12/06)

City & State
Windermere Fl

City & State
same as #2

4. FEI Number
20-3915039*

Applied For
 Not Applicable

Zip
34786

Country
USA

Zip
same as #2

Country
same as #2

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
same as #2

Street Address (P.O. Box Number is Not Acceptable)
same as #2

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: Jeremy Wall DATE: 2/8/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WALL, JEREMY H
STREET ADDRESS	2328 WARREN WOODS DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRINCIPAL ENGINEER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRINCIPAL PROJECT ENGINEER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKSANA WALL
STREET ADDRESS	13118 BELLARIA CIRCLE
CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Jeremy Wall DATE: 2/8/08 DAYTIME PHONE #: 407 287 7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR