


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90007 030 \*\*\*150.00

**DOCUMENT # P97000070553**

1. Entity Name  
**CELERITY SERVICES, INC.**



Principal Place of Business Mailing Address  
**6025 CARLTON LAKES BLVD** **6025 CARLTON LAKES BLVD**  
**NAPLES, FL 34110** **NAPLES, FL 34110**

04061021



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**6704 LOVE OAK BLVD**

07062004 Chg-P CR2E034 (10/03)

City & State City & State  
**NAPLES FL**

4. FEI Number Applied For  
**65-0779759** Not Applicable

Zip Country Zip Country  
**34109 USA**

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

**6. Name and Address of Current Registered Agent**  
**CLAUSSEN, ROBERT G**  
**6025 CARLTON LAKES BLVD**  
**NAPLES, FL 34110**

**7. Name and Address of New Registered Agent**  
 Name **JACK STERLING**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6704 LOVE OAK BLVD.**  
 City **NAPLES** **FL** Zip Code **34109**

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: *Jack Sterling* **JACK STERLING** DATE: **7/6/04**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLAUSSEN, ROBERT G</b>
STREET ADDRESS	<b>6025 CARLTON LAKES BLVD</b>
CITY - ST - ZIP	<b>NAPLES, FL 34110</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLAUSSEN, CHRISTOPHER G</b>
STREET ADDRESS	<b>6025 CARLTON LAKES BLVD</b>
CITY - ST - ZIP	<b>NAPLES, FL 34110</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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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 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: *Robert G Claussen, Mgr Director Robert Claussen* DATE: **7/6/04** DAYTIME PHONE #: **239 586-9067**