

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90151 019 ***150.00

DOCUMENT # 278923

1. Entry Name
MAISON LE CEL INC



Principal Place of Business
**176 EGLIN PARKWAY NE
FT WALTON BEACH, FL 32548**

Mailing Address
**176 EGLIN PARKWAY NE
FT WALTON BEACH, FL 32548**

14010000



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1051754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LONG-LILLIE, CELESTE
212 HOLMES BLVD
FT WALTON BCH, FL 32548**

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONG-LILLIE, CELESTE
STREET ADDRESS	212 HOLMES BLVD
CITY-ST-ZIP	FT. WALTON BCH, FL 32548

TITLE	TD
NAME	LILLIE, CHARLES
STREET ADDRESS	212 HOLMES BV
CITY-ST-ZIP	FT. WALTON BCH, FL 32548

TITLE	SD
NAME	SCHATTNER, ELIZABETH
STREET ADDRESS	924 HOLBROOK CIRCLE
CITY-ST-ZIP	FT. WALTON BCH, FL 32547

TITLE	D
NAME	TAYLOR, LENA
STREET ADDRESS	332 SUDDUTH CIRCLE
CITY-ST-ZIP	FT. WALTON BCH, FL 32548

TITLE	D
NAME	JOHNSON, CYNTHIA R.
STREET ADDRESS	1648 CASSINGHAM CIR.
CITY-ST-ZIP	OCFEE, FL 34761

TITLE	VD
NAME	RUSLETTA, SUSAN
STREET ADDRESS	122 EAGLE DR
CITY-ST-ZIP	CRESTVIEW, FL 32539

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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: *Charles R. Lillie* **CHARLES LILLIE** *4/29/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #