

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # 397498

1. Entity Name  
CELESTIAL REALTY, INC



Principal Place of Business  
350 CELESTIAL WAY  
JUNO BEACH, FL 33408

Mailing Address  
350 CELESTIAL WAY  
JUNO BEACH, FL 33408



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1434029

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JOHN  
228 US HWY 1  
TEQUESTA, FL 33458

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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  
LAFORTE, JOSEPH W.  
80 CELESTIAL WAY  
JUNO BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CORBETT, CARMEN R.  
303 ALICANTE DR  
JUNO BCH., FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KOLLMEYER, WILLIAM L  
460 SUNRISE LANE  
JUNO BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WARD, PAMELA C  
118 OLYMPUS CIRCLE  
JUPITER, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000001527  
01/12/04-80013-005 150.00

**DO NOT WRITE  
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)(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:

*Joseph W. LaForte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04

Date

Daytime Phone #

561-626-3559