## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 397498** 

Entity Name: CELESTIAL REALTY, INC

WARD, PAMELA C

JUPITER, FL 33477

118 OLYMPUS CIRCLE

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 350 CELESTIAL WAY JUNO BEACH, FL 33408 23 **Current Mailing Address: New Mailing Address:** 350 CELESTIAL WAY 350 CELESTIAL WAY JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 23 FEI Number: 59-1434029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, PAMELA 118 OLYMPUS CIRCLE JUPITER, FL 33477 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CORBETT, CARMEN R KOLLMER, WILLIAM L Name: Name: 481-2 PLYMPUS DR 460 SUNRISE WAY Address: Address: City-St-Zip: JUNO BEACH, FL 33408 City-St-Zip: JUNO BEACH, FL 33408 Title: Title: ٧S ( ) Delete (X) Change ( ) Addition Name: KOLLMER, WILLIAM L Name: PAMELA, WARD C 460 SUNRISE WAY 118 OLYMPUS CIRCLE Address: Address: JUNO BEACH, FL 33408 JUPITER, FL 33477 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition KOLLMER, WILLIAM L Name: Name: 460 SUNRISE LANE Address: Address: City-St-Zip: JUNO BCH, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM L. KOLLMER PT 03/24/2009