

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004077

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CELEBRATION FOODS, INC.

**Current Principal Place of Business:**

11620 ISLE OF PALMS DRIVE  
FORT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

11620 ISLE OF PALMS DRIVE  
FORT MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 84-1268676      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARP, WILLIAM  
11620 ISLE OF PALMS DRIVE  
FORT MYERS BEACH, FL 33931      US

**Name and Address of New Registered Agent:**

SHARP, WILLIAM F  
11620 ISLE OF PALMS DRIVE  
FORT MYERS BEACH, FL 33931      US

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: WILLIAM F. SHARP      03/19/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      PTD      ( ) Delete  
Name:      SHARP, WILLIAM F  
Address:      11620 ISLE OF PALMS DRIVE  
City-St-Zip:      FORT MYERS, FL

Title:      VSD      ( ) Delete  
Name:      SHARP, MARIA N  
Address:      11620 ISLE OF PALMS DRIVE  
City-St-Zip:      FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WILLIAM F. SHARP      PTD      03/19/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date