

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90287 042 \*\*\*150.00

**DOCUMENT # H31019**

1. Entity Name

CELT, INC.



Principal Place of Business

Mailing Address

~~1 NORTH TAMiami TRAIL~~  
~~SARASOTA FL 34236-5537~~

~~1 NORTH TAMiami TRAIL~~  
~~SARASOTA FL 34236-5537~~

2. Principal Place of Business

3701 BEE RIDGE RD

3. Mailing Address

3701 BEE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34233

Country

U.S.

Zip

34233

Country

U.S.

4. FEI Number

59-2467720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUHLBACH, ARNOLD

~~1 N TAMiami TRAIL~~  
~~SARASOTA FL 34236~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3701 BEE RIDGE RD

City

SARASOT

FL

Zip Code

34233

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

*A. Muhlbach*

ARNOLD MUHLBACH

4/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME PARRY LAURENCE H.  
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~  
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3701 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE SD ☐ Delete  
NAME PARRY, VALERIE M.  
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~  
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3701 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE V ☐ Delete  
NAME LEEREVELD, BART  
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~  
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3701 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*L.H. PARRY* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #