


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # H31019		
1. Entity Name CELT, INC.		
Principal Place of Business 3701 BEE RIDGE RD SARASOTA, FL 34233 US	Mailing Address 3701 BEE RIDGE RD SARASOTA, FL 34233 US	



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2467720	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 MUELBACH, ARNOLD 3701 BEE RIDGE RD SARASOTA, FL 34233	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:  Bart Leereveld 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARRY LAURENCE H. 3701 BEE RIDGE RD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRY, VALERIE M. 3701 BEE RIDGE RD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEEREVELD, BART 3701 BEE RIDGE RD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEREVELD, KARIN 3701 BEE RIDGE ROAD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIAN, CLUETT 3701 BEE RIDGE ROAD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRY, JULIAN H. 3701 BEE RIDGE ROAD SARASOTA, FL 34233	

U00000727733
05/04/07-80060-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Bart Leereveld 4/11/07 941232 9958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #