

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14745

FILED
Apr 13, 2004
Secretary of State

Entity Name: CELTIC ADJUSTING SERVICES, INC.

Current Principal Place of Business:

8601 4TH ST N.
STE 204
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

8601 4TH ST. N.
SUITE 204
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2872955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, MICHAEL THOMAS
8601 4TH ST. N., SUITE 204
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: RYAN, MICHAEL THOMAS,
Address: 3876 SHORES ACRES BLVD
City-St-Zip: ST. PETERSBURG, FL

Title: VPD () Delete
Name: LAVELLE-RYAN, VICKIE, LYNN
Address: 3876 SHORES ACRES BLVD
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: RYAN, MICHAEL THOMAS,
Address: 3876 SHORES ACRES BLVD.
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: LAVELLE-RYAN, VICKIE, LYNN
Address: 3876 SHORES ACRES BLVD
City-St-Zip: ST. PETERSBURG, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICKIE LYNN LAVELLE-RYAN

VPD

04/13/2004

Electronic Signature of Signing Officer or Director

_____ Date