

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90029 013 ***558.75

DOCUMENT # M98349 1. Entity Name CELESTIAL AQUATIC WORLD TROUBLESHOOTERS, INC.			
Principal Place of Business C/O GENERAL ACCTG SYSTEMS, INC. 601 5TH AVE NO. SAINT PETERSBURG, FL 33701		Mailing Address 601 5TH AVE NO. SAINT PETERSBURG, FL 33701	
2. Principal Place of Business C/O STAPLETON, SMITH & JOHNSON, PA Suite, Apt. #, etc. 1700 - 66 ST. N. #304 City & State ST. PETERSBURG FL Zip 33710		3. Mailing Address C/O STAPLETON, SMITH & JOHNSON, PA Suite, Apt. #, etc. 1700 66 ST N #304 City & State ST. PETERSBURG, FL Zip 33710	
4. FEI Number 59-2914777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MANCINO, MARCA 601 5TH AVE NO SAINT PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name THEODORE J SMITH Street Address (P.O. Box Number is Not Acceptable) 1700 66 ST. N # 304 ST. PETERSBURG City ST. PETERSBURG FL Zip Code 33710	
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 <u><i>Theodore J Smith</i></u> (THEODORE J. SMITH) <u>5/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, CAREY ALLEN 1012 NO MAIN ST APT C NORTH CANTON, OH 44720	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Carey Allen Wilson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/24/05</u> <u>330-494-1121</u> <small>Date Daytime Phone #</small>	

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