

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98349**

1. Entity Name  
**CELESTIAL AQUATIC WORLD TROUBLESHOOTERS, INC.**



Principal Place of Business

**C/O STAPLETON, SMITH, JOHNSON, P.A.  
1700-66 ST N # 304  
SAINT PETERSBURG, FL 33710**

Mailing Address

**C/O STAPLETON, SMITH, JOHNSON, P.A.  
1700-66 ST N # 304  
SAINT PETERSBURG, FL 33710**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2914777**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, THEODORE J  
1700-66TH ST N, # 304  
SAINT PETERSBURG, FL 33710**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000623047  
02/13/07-80051-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WILSON, CAREY ALLEN
STREET ADDRESS	1012 NO MAIN ST APT C
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Carey Allen Wilson Carey Allen Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 02, 2007

Date

1-330-933-5751

Daytime Phone #