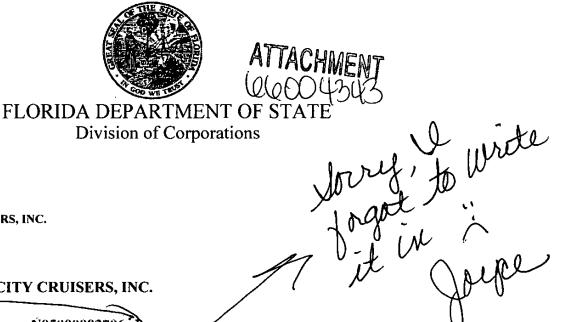
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ARL

## Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # N05000003706 1. Entity Name 02-16-2006 90042 010 \*\*\*\*61.25 CELERY CITY CRUISERS, INC. Principal Place of Business Mailing Address 4605 HARD ROCK COVE SANFORD FL 32773 4605 HARD ROCK COVE SANFORD FL 32773 US 3. Mailing Address P.O. BOX 2. Principal Place of Business 560 Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State ANFORD 4. FEI Number 20-289 Applied For Not Applicable Zip \$8.75 Additional 772 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, DAVID Street Address (P.O. Box Number is Not Acceptable) 4605 HARD ROCK COVE ~ SANFORD FL 32773 City Zio Code 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, typind or printed name of registered agent and little diagracuble (NOTE: Rogisteren Agust чарчата выплаты макет предымар) PROFESSION OF THE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete FITE Addition Change SCOTT DAVID NAME 4605 HARD ROCK COVE STREET ADDRESS STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE Change Addition LIBERTY, DANIEL NAME. NAME 403 LAKE BLVD. STREET ADORESS STREET ADORESS SANFORD FL 32773 CITY-ST-7P CITY - ST - ZIP TITLE Delete DITE ☐ Change Addition HYNSON, MICHAEL NAME NAME 1854 EVERHART DRIVE STREET ADDRESS STREET ADDRESS City-St-21P ORLANDO FL 32806 CITY - ST- ZIP S/T TITEE ☐ Delete TITLE ☐ Change Addition DANOPUK, JOYCE STREET ADDRESS 1390 W. NEW YORK AVE. STREET ADDRESS ORANGE CITY FL 32763 CITY-ST-ZIP CITY-SI-ZIP TITLE Detete TILLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST- 7IP CITY-SE-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered. 386 -

JOUCE DANDPUR

774-826

FILED



**Division of Corporations** 

February 20, 2006

CELERY CITY CRUISERS, INC. POB 560 SANFORD, FL 32772 US

Subject: CELERY CITY CRUISERS, INC.

Reference Number:

Ñ05000003706

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION