


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003706 1. Entity Name CELERY CITY CRUISERS, INC.	
--	---

Principal Place of Business 4605 HARD ROCK COVE SANFORD, FL 32773 US	Mailing Address POB 560 SANFORD, FL 32772 US
--	--

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2890483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCOTT, DAVID
 4605 HARD ROCK COVE
 SANFORD, FL 32773

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000907301
05/05/08 60032 024 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, DAVID
STREET ADDRESS	4605 HARD ROCK COVE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	VP
NAME	HYNSON, MICHAEL
STREET ADDRESS	1854 EVERHART DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S/T
NAME	DANOPIK, JOYCE
STREET ADDRESS	1390 W. NEW YORK AVE.
CITY-ST-ZIP	ORANGE CITY, FL 32763
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 617, 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: *Joyce Danopuk* **JOYCE DANOPIK** **4-14-08** **386-774-8262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #