

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N42752

1. Entity Name
CELEBRATE AMERICA, INC.



Principal Place of Business
**POST OFFICE BOX 12413
TALLAHASSEE, FL 32317-2413**

Mailing Address
**POST OFFICE BOX 12413
TALLAHASSEE, FL 32317-2413**

FILED

05 JAN 24 PM 2:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3065563

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PENSON, ALBERT C
2810 REMINGTON CIRCLE
TALLAHASSEE, FL 32308**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S/D
THOMPSON, ALLISON MS
1900 CENTRE PT BLVD #97
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HOLDER, WILLIAM SMITH
2035 WHITE ASH WAY
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
HOLDER, PAULA J
2035 WHITE ASH WAY
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**300045888253
02/03/05--01003--018 **70.00**

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 510-5239