


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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
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02012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3065563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCORD, GUYTE P III
210 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**

**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]* DATE **2/27/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, ASHLEY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUBSEY, JANICE A 3069 O'BRIEN DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUBSEY, WILLIAM E 3069 O'BRIEN DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, DAVID 912 MEYERS PARK DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/11/08-80052-004 70.00

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: *[Signature]* **Janice Bubsey** DATE: **2/27/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR