


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90017 008 \*\*\*\*61.61

<b>DOCUMENT # N94000004549</b> 1. Entity Name <b>CELEBRATE PINELLAS PARK, INC.</b>					
Principal Place of Business <b>5635 PARK BLVD</b> <b>PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>5635 PARK BLVD</b> <b>PINELLAS PARK, FL 33781 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3347088</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HODGES, NANCY</b> <b>6825 38TH STREET NORTH</b> <b>PINELLAS PARK, FL 33781</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BICKNELL, WILBUR</b>		NAME		
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUTLER, CAROL</b>		NAME		
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HODGES, NANCY</b>		NAME		
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MARLOW, RALPH</b>		NAME	<b>Michael Scavelli</b>	
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS	<b>5635 Park Blvd.</b>	
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAMUELS, BEVERLY</b>		NAME		
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARNER, JERRY</b>		NAME		
STREET ADDRESS	<b>5635 PARK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
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: <i>Beverly Samuels - Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/1/06 727-424-8421 Date Daytime Phone #		