


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000005468		
1. Entity Name D & J CELENTANO ENTERPRISES, INC.		
Principal Place of Business 8522 OLD CR RD. 54 NEW PORT RICHEY, FL 34653	Mailing Address 8522 OLD CR RD. 54 NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CELENTANO, DOROTHY 8522 OLD CR RD. 54 NEW PORT RICHEY, FL 34653		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CELENTANO, DOROTHY 11615 SCALLOP DR. PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE
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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 607, 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>Dorothy Celentano</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-22-05 Daytime Phone #



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3616336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000329048
04/25/05-80101-017 150.00