## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000029425

Title:

Name:

Address:

City-St-Zip:

FILED Apr 06, 2004 Secretary of State

Entity Name: CEL ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 162-1 SAN MARCO AVE. STE 1 SAINT AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 162-1 SAN MARCO AVE. STE 1 SAINT AUGUSTINE, FL 32084 FEI Number: 59-3645873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONG, EARL W JR 27 COTTONWOOD TRAIL PALM COAST, FL 32137 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: CFO (X) Change ( ) Addition LONG, EARL W JR LONG, EARL W JR Name: Name: 27 COTTONWOOD TRAIL 27 COTTONWOOD TRAIL Address: Address: City-St-Zip: PALM COAST, FL City-St-Zip: PALM COAST, FL 32137 Title: Title: () Delete (X) Change ( ) Addition LONG, CYNTHIA R Name: Name: LONG, AARON S 27 COTTONWOOD TRAIL 11 LONDONDERRY DR Address: Address: PALM COAST, FL City-St-Zip: City-St-Zip: PALM COAST, FL 32164 Title: ( ) Delete Title: ( ) Change (X) Addition LONG, JENNIFER J Name: Name: 11 LONDONDERRY DR Address Address: City-St-Zip: City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

S/T

LONG, CYNTHIA R

27 COTTONWOOD TRAIL

PALM COAST, FL 32137

( ) Change (X) Addition

SIGNATURE: CYNTHIA R. LONG S/T 04/06/2004

() Delete