

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 038 ***150.00

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1. Entity Name
CELTIC HOLDINGS INC.



Principal Place of Business
**405 8TH AVENUE NORTH, #2
TIERRA VERDE, FL 33715**

Mailing Address
**3495 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

69006103



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4364570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POST, RICHARD
3495 5TH AVENUE NORTH
TIERRA VERDE, FL 33715
ST. PETERSBURG 33713**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PARRY, JOHN
STREET ADDRESS
405 8TH AVENUE NORTH, #2
CITY-ST-ZIP
TIERRA VERDE, FL 33715

TITLE
NAME
D
PARRY, GAYNOR
STREET ADDRESS
405 8TH AVENUE NORTH, #2
CITY-ST-ZIP
TIERRA VERDE, FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

[Signature]
RICHARD B. POST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2004
Date

727-327-0406
Daytime Phone #