

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000054249

1. Entity Name

CELESTINE FARMS INC.



Principal Place of Business

8105 PELICAN ROAD  
FORT MYERS FL 33912

Mailing Address

8105 PELICAN ROAD  
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIFORD, DAVID  
8105 PELICAN ROAD  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T  
NAME  
PHERSON, WILLIAM MAC  
STREET ADDRESS  
9289 OAK BRIDGE CT  
CITY-ST-ZIP  
FORT MYERS FL 33912

Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
NAME  
WILLIFORD, DAVID  
STREET ADDRESS  
8105 PELICAN RD  
CITY-ST-ZIP  
FORT MYERS FL 33912

Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition  
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Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William C Mac PHERSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-4

Date

239-498-5220

Daytime Phone #

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90323 012 \*\*\*150.00

54031139



MOORE

CR2E034 (11/03)

4. FEI Number 65-1017031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required