## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2008 8:00 am Secretary of State

DOCUMENT # P0100093024  1. Entity Name THE CELEBRATION PLACE, INC.						05-09-2008	8 90005 022 **	*150.00
Principal Place of Business Mailing Address					1			
3100 AIRPORT RD Panama City, FL 32405		3100 AIRPORT RD						
FAINAMA CITT, FL 32403		PANAMA CITY, FL 32405						
Principal Place of Business - No P.O. Box # 3. Mailing Address								
						(818) IISII BBİTI BTİİI BB		FAS BLUIDON 11 LOUI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252008	Chg-P	CR2E034 (12/	06)
City & State		City & State		4. FEI Number 59-3746			Applied For Not Applicable	
Zip	Country	Zip	p Country			of Status Desired		Additional
	6 Name and Address of Current	Registered Agent	1		<u> </u>		Fee Rec	uired
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET				Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR			-				· · · · · · · · · · · · · · · · · · ·	
MIAMI, FL	33145		2:-					
				City			rL	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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				· ••	.00 May Be ded to Fees		. : :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE NAME	ESIGNATURE PROVINCE		TITLE				☐ Chai	nge 🔲 Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	0.45		CITY-S	ST-ZIP	<del></del>			
TITLE NAME	OUDTIO ANOTHER		TITLE NAME				Chai	nge 🗌 Addition
STREET ADDRESS	1			r adoress				
CITY-ST-ZIP	PANAMA CITY, FL 32405			ST-ZIP				
TITLE NAME	DENING MANUFACE		TITLE NAME				☐ Chai	nge
STREET ADDRESS	3100 AIRPORT RD.		STREET	FADDRESS				
CITY-ST-ZIP	<del></del>		CITY-S	ST ZIP	· , ,			
TITLE NAME	FEIGHTNER, MICHAEL T	☐ Delete	TITLE				☐ Chai	nge 🗌 Addition
STREET ADDRESS	3100 AIRPORT RD			T ADDRESS				
CITY-ST-ZIP			CATY-S	ST-ZIP			П от	
TITLE NAME			TITLE NAME				☐ Char	ige 🗌 Addition
STREET ADDRESS CITY-ST-ZIP			STREET City-S	TADDRESS ST-ZIP				
TITLE			TITLE				Char	nge 🔲 Addition
NAME			NAME					
STREET ADDRESS City-St-Zip	<b>■</b> ***			ADDRESS ST-71P				
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								

12. I hereby certify that the information supplied with this filling 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 orabit; 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

850-215-7278