

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000023353

1. Entity Name
CELTIC AIR, INC.



Principal Place of Business

**615 INDUSTRIAL AVE
LIVE OAK, FL 32064**

Mailing Address

**615 INDUSTRIAL AVE
LIVE OAK, FL 32064**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3015516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VASS, JAY R
615 INDUSTRIAL AVE
LIVE OAK, FL 32064**

**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 of officer or director of registered agent and title if applicable.

JAY R VASS, PRES.

(NOTE: Registered Agent signature required when reconstituted)

4-14-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000901434

04/29/08-80068-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VASS, JAY R
STREET ADDRESS	615 INDUSTRIAL AVE
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	P
NAME	VASS, JAY R
STREET ADDRESS	615 INDUSTRIAL AVE
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY R VASS, PRES 4-14-08 (386) 364-5623

Date

Daytime Phone #