

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 050 ***158.75

DOCUMENT # P02000059067

1. Entity Name
CELEBRATION HOLDINGS, INC.



Principal Place of Business
9 BARRACUDA LANE
KEY LARGO, FL 33037

Mailing Address
9 BARRACUDA LANE
KEY LARGO, FL 33037

2. Principal Place of Business

3. Mailing Address

1551 VIA TUSCANY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FL

Zip

Country

Zip

32789

Country

02102006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-3061979

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECKER, MICHAEL K ESQ.
1320 S. DIXIE HWY., SUITE 715
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name JILL M JENKINS

Street Address (P.O. Box Number is Not Acceptable)

1551 VIA TUSCANY

City WINTER PARK

FL

Zip Code

32789

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 reappointing)

4/4/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RABBITT, STEPHEN
STREET ADDRESS 1241 CHERRY TREE LANE
CITY-ST-ZIP ANNAPOLIS, MD 21403 ☐ Delete

TITLE VP
NAME HILMER, WAYNE
STREET ADDRESS 1551 VIA TUSCANY
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE ST
NAME JENKINS, JILL M.
STREET ADDRESS 31 OCEAN REEF DRIVE, SUITE A-201
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

305-367-9399

Daytime Phone #