


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 044 ***150.00

DOCUMENT # P03000030568					
1. Entity Name CELIA'S PRINTING & MORE, INC.					
Principal Place of Business 103 S. GRANGE AVENUE 1606 TOLEWILD AVE. GREEN COVE SPRINGS, FL 32043			Mailing Address 103 S. GRANGE AVENUE 1606 TOLEWILD AVE. GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box # 1606 TOLEWILD AVE.			3. Mailing Address SAME		
Suite, Apt. #, etc. N/A			Suite, Apt. #, etc. N/A		
City & State GREEN COVE SPRINGS FL			City & State FL		
Zip 32043		Country U.S.A.		Zip 32043	
Country U.S.A.		Country U.S.A.			
6. Name and Address of Current Registered Agent GIONET, JEANNE G 417 S PINE ST GREEN COVE SPRINGS, FL 32043				7. Name and Address of New Registered Agent Name SAME 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete GIONET, GEORGE J 417 S PINE ST GREENCOVE SPRINGS, FL 32043				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete GIONET, JEANNE G 417 S PINE ST GREENCOVE SPRINGS, FL 32043				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jeane M. Gionet</u> 05-17-07 904-529-7438 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4011643



05102007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3747166 Applied For Not Applicable

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