

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032781

FILED  
May 06, 2005  
Secretary of State

Entity Name: CELEBRATIONS BALLROOM, INC.

## Current Principal Place of Business:

5581 NW 51ST AVE  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

5581 NW 51ST AVE  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: 86-1051737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBSON, TAMERA  
5581 NW 51ST AVE  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIBSON, TAMERA  
Address: 5581 NW 51ST AVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VS ( ) Delete  
Name: GIBSON, HENRY  
Address: 5581 NW 51ST AVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete  
Name: SPARKMAN, LEONA  
Address: 4099 COCOPLUM  
City-St-Zip: COCONUT CREEK, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GIBSON, TAMERA  
Address: 5581 NW 51ST AVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD (X) Change ( ) Addition  
Name: GIBSON, HENRY  
Address: 5581 NW 51ST AVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: STD (X) Change ( ) Addition  
Name: SPARKMAN, LEONA  
Address: 5581 NW 51ST AVE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONA SPARKMAN

STD

05/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date