

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90061 021 ***150.00

DOCUMENT # P03000036204

1. Entity Name
CELESTIAL BUTTERFLY, INC.



Principal Place of Business
9 SUTTON CT.
PALM COAST, FL 32164

Mailing Address
PO BOX 353015
PALM COAST, FL 32135

50059580



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06202005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

02-0683962

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELEJO, PURITA P
9 SUTTON CT.
PALM COAST, FL 32135

Name

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
CAMPBELL, JOHN M
PO BOX 353015
PALM COAST, FL 32135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC.
PELEJO, PURITA P
PO BOX 353015
PALM COAST, FL 32135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
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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

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12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

Purita P. Pelejo

7/28/05

386
442 8817

ATTACHMENT

POB 800030204
500.59580

PO Box 353015
Palm Coast, FL 32135
July 28, 2005

Florida Department of State
Division of Corporations
PO Box 6327, Tallahassee, FL 32314

Attention : Ms. Kathy Ashton

Dear sirs:

RE : Letter # 905A00042079

I just came back from an overseas trip on 7/26/05 and found your abovementioned letter.

I wish to inform you that I sent in the annual report and the bank sent in the check under our online auto payment. Obviously they were not together.

In view of the above I am resending the check and another report under the same cover. Hereby at the same time asking for a waiver of the \$400 late fee you are assessing as we did not know that the report and check should be sent under the same cover. Please consider our circumstance for the waiver this time. We will send them together in the future.

Thanking your kind consideration of the matter, I am

Very sincerely yours,


Celestial Butterfly

We filed on time!