




**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90207 025 \*\*\*550.00

DOCUMENT # P0300069006			
1. Entity Name THE CELEPEC CORPORATION			
Principal Place of Business POST OFFICE BOX 140504 GAINESVILLE, FL 32614-0504		Mailing Address POST OFFICE BOX 140504 GAINESVILLE, FL 32614-0504	
2. Principal Place of Business N/A (Correct Above)		3. Mailing Address N/A (Correct Above)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PACKWOOD, JAMES D JR. 2700 SW ARCHER ROAD UNIT C1 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name: PACKWOOD, JAMES D. JR. Street Address (P.O. Box Number is Not Acceptable): 5055 78th WAY City: Gainesville, FL Zip Code: 32608	
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:  James D. Packwood, Jr. DATE: 9-6-04 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  James D. Packwood, Jr.		Date: 9-6-04 (352) 219-1278	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	