

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90002 047 \*\*\*150.00

**DOCUMENT # P03000105200**

1. Entity Name

CELEBRATION AUTO GROUP INC.



Principal Place of Business

2635 PEMBERTON DRIVE  
STE.103  
APOPKA FL 32703

Mailing Address

923 JASMINE STREET  
CELEBRATION FL 34747

34072953



MOORE

CR2E034 (4/04)

2. Principal Place of Business

266 TORPOINT GATE  
Suite, Apt. #, etc.

3. Mailing Address

266 TORPOINT GATE  
Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

20-0255358

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DYROFF, THOMAS R  
923 JASMINE STREET  
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

GARY MCCANN

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

266 TORPOINT GATE

City

LONGWOOD

FL

Zip Code

32779

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]*

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

(NOTE: Registered Agent signature required when reinstating)

9/13/04

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DYROFF, THOMAS R  
STREET ADDRESS 923 JASMINE STREET  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE VP ☐ Delete  
NAME MCCANN, GARY  
STREET ADDRESS 266 TORPOINT GATE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SEC. ☐ Delete  
NAME DYROFF, LINDA A  
STREET ADDRESS 923 JASMINE STREET  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE TR. ☐ Delete  
NAME DYROFF, LINDA A  
STREET ADDRESS 923 JASMINE STREET  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY MCCANN

9/13/04

Date

Daytime Phone #

407-461-0024