

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000058423

**Entity Name:** CELEBRATIONS BALLROOM & EVENTS INC.

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4393 WATER OAK LANE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**  
4393 WATER OAK LANE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 20-1014292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ADAMS, VENENA  
4393 WATER OAK LANE  
JACKSONVILLE, FL 32210    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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:      D      ( ) Delete  
Name:      ADAMS, VENENA  
Address:      P. O. BOX 6361  
City-St-Zip:      JACKSONVILLE, FL 322366361

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VENENA ADAMS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date