


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 043 ***550.00

DOCUMENT # P04000117668 1. Entity Name LAW OFFICES OF BEN J. CELSO, P.A.																																																																	
Principal Place of Business 2918 LANTANA LAKES DRIVE E. JACKSONVILLE, FL 32246 US			Mailing Address P.O. BOX 19886 JACKSONVILLE, FL 32245 US																																																														
2. Principal Place of Business - No P.O. Box # 501 CENTRE ST., STE 128		3. Mailing Address 501 CENTRE ST.		 07262007 Chg-P CR2E034 (12/06)																																																													
Suite, Apt. #, etc. 128		Suite, Apt. #, etc. 128																																																															
City & State FERNANDINA BEACH		City & State FERNANDINA BEACH																																																															
Zip Country 32034 NASSAU		Zip Country 32034 NASSAU																																																															
4. FEI Number 20-1484246				Applied For <input type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name CELSO, BEN J Street Address (P.O. Box Number is Not Acceptable) 501 CENTRE ST., SUITE 128 City FERNANDINA BEACH, FL Zip Code 32034																																																													
6. Name and Address of Current Registered Agent CELSO, BEN J 2918 LANTANA LAKES DRIVE E. JACKSONVILLE, FL 32246																																																																	
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 <u><i>Ben J Celso</i></u> <u><i>Ben J Celso</i></u> <u>7/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007																																																																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CELSO, BEN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2918 LANTANA LAKES DRIVE E.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32246</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	CELSO, BEN J		STREET ADDRESS	2918 LANTANA LAKES DRIVE E.		CITY - ST - ZIP	JACKSONVILLE, FL 32246		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ben J Celso</i></u> <u>7/26/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																	