

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 001 ***150.00

DOCUMENT # P05000112017

1. Entity Name

CELEBRITY COAST PARTNERS INC.



Principal Place of Business

69 RED FISH CIRCLE
SANTA ROSA BEACH FL 32459

Mailing Address

69 RED FISH CIRCLE
SANTA ROSA BEACH FL 32459

5 Calhoun Ave

2. Principal Place of Business

5 Calhoun Ave

3. Mailing Address

5 Calhoun Ave

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

Destin, FL

City & State

FL, Destin

Zip

32541

Country

USA

Zip

32541

Country

USA

1st MOORE

CR2E034 (10/05)



4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLAK, FRANK T
69 RED FISH CIRCLE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME MOLAK, FRANK T
STREET ADDRESS ~~69 RED FISH CIRCLE~~ 5 Calhoun Ave #303
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #