

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 020 ***150.00

DOCUMENT # P05000160479

1. Entity Name
CELEBRATION DECORATION, INC.



Principal Place of Business
7649 NORTHWEST 71ST WAY
PARKLAND, FL 33067

Mailing Address
7649 NORTHWEST 71ST WAY
PARKLAND, FL 33067

40101331



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3918878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPENCER, DOREEN A
STREET ADDRESS 7649 NORTHWEST 71ST WAY
CITY-ST-ZIP PARKLAND, FL 33067

TITLE VD
NAME KEITH, VIOLET M
STREET ADDRESS 7649 NORTHWEST 71ST WAY
CITY-ST-ZIP PARKLAND, FL 33067

TITLE STD
NAME SPENCER, CRAIG A
STREET ADDRESS 7649 NORTHWEST 71ST WAY
CITY-ST-ZIP PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/07

Signature

954-614-0740