

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000049823

Entity Name: CELTICMOON TC, INC.

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

473 GENOA CIRCLE NE  
ST. PETERSBURG, FL 33703 US

**New Principal Place of Business:**

191 45TH AVE. N.E.  
ST. PETERSBURG, FL 33703 US

**Current Mailing Address:**

473 GENOA CIRCLE NE  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

191 45TH AVE. N.E.  
ST. PETERSBURG, FL 33703 US

FEI Number: 26-2643491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPPARD, CHRISTY  
473 GENOA CIRCLE NE  
ST. PETERSBURG, FL 33703 US

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

SHEPPARD, CHRISTY  
191 45TH AVE. N.E.  
ST. PETERSBURG, FL 33703 US

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: CS

04/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHEPPARD, CHRISTY  
Address: 191 45TH AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: V  
Name: SHEPPARD, TIMOTHY  
Address: 191 45TH AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

I hereby 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 all other like empowered.

SIGNATURE: CS

PD

04/21/2010

Electronic Signature of Signing Officer or Director

Date