


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90566 010 \*\*\*150.00

<b>DOCUMENT # P93000044263</b> 1. Entity Name <b>CELESTIAL PRODUCTS, INC.</b>					
Principal Place of Business <b>2502 OKEECHOBEE RD FORT PIERCE, FL 34947</b>			Mailing Address <b>PO BOX 3636 FORT PIERCE, FL 34948</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>62-1364809</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RHOAT, RAYMOND A 2010 ST. LUCIE BLVD. FT. PIERCE, FL 34946</b>			Name <b>RHOAT, JAN D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2402 S. 19th STREET</b> City <b>FORT PIERCE</b> <b>FL</b> Zip Code <b>34982</b>		
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>Jan D. Rhoat</i></u> <b>JAN D. RHOAT</b> <u>4/28/05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RHOAT, RAYMOND A 2010 ST LUCIE BLVD FT. PIERCE, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD RHOAT, JAN D. 2402 S. 19th STREET FORT PIERCE, FL 34982</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RHOAT, JAN D 2402 S 19TH ST FT. PIERCE, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GYARMATHY, DEIRDRE A. 530 S.E. 1ST STREET CAPE CORAL, FL 33990</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RHOAT, ROBERT T. 2402 S. 19th STREET FORT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RHOAT, ROBERT T. 2402 S. 19th STREET FORT PIERCE, FL 34982</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RHOAT, ROBERT T. 2402 S. 19th STREET FORT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RHOAT, ROBERT T. 2402 S. 19th STREET FORT PIERCE, FL 34982</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Jan D. Rhoat</i></u> <b>JAN D. RHOAT</b> <u>4/28/05</u> <u>772-464-6047</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					