

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064692

Entity Name: CELA' ENTERPRISES, INC.

FILED  
May 11, 2005  
Secretary of State

## Current Principal Place of Business:

36440 US HWY 19 N  
STE A  
PALM HARBOR, FL 34684

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1237  
PALM HARBOR, FL 346821237 US

## New Mailing Address:

P.O. BOX 1344  
SEYMOUR, TN 37865 US

FEI Number: 59-3265183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTTLIEB & GOTTLIB PA  
2475 ENTERPRISE RD  
CLEARWATER, FL 33763 US

## Name and Address of New Registered Agent:

GOTTLIEB & GOTTLIB PA  
2475 ENTERPRISE RD  
SUITE #100  
CLEARWATER, FL 33763 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:

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KOON, EUNICE S  
Address: 30353 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33761

Title: DV ( ) Delete  
Name: KOON, STEPHEN L  
Address: 235 SKI MOUNTAIN ROAD  
City-St-Zip: GATLINBURG, TN 37738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EUNICE SEIN KOON

D

05/11/2005

Electronic Signature of Signing Officer or Director

Date